| STATE OF MARYLAND- | CERTIFICATE OF DEATH 03084 |
|--|--|
| 1. PLACE OF DEATH | 900 |
| County Mant gamery | Registration Dist. No. 223 |
| Village or City Takond Rand | No. Ward in a hospital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME CAYS X EVEL 188m M. Adam | S. If U.S. Veteran specify WAR. |
| (a) Residence: No. 3401 Calvert (Usual place of abode) | St., A-W. Ward. Ward. Ward. U. a. J. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Adv. 93 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jhomas Q Adams - | 22. I HEREBY CERTIFY, That I attended deceased from May. 13 ,1937, to May. 23 ,1937. |
| 6. DATE OF BIRTH (month, day, and year) | I last saw h. 2. alive on Mar. 23 , 19.3.7; death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, at]m. |
| 69 9 Ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows: Date of onset |
| 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. | The same with |
| Kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and | with decorps alia |
| 9 Industry or business in which work was dona, as SILK MILL, Gun San Jav cums | |
| 11. Total time (years) this occupation (month and) 9 2 9 year) occupation | V |
| | Dther Coutributary Causes of importance: |
| 12. BIRTHPLACE (city or town) - MDWSEMSIS (State or country) - WELL HOLE | Myradial Guture sudl |
| 13. NAME Wecholds What dugli | |
| 14. BIRTHPLACE (city or town) Charse Male | Name of operationOate of |
| (State of country) (1) cos () avr(2. | What test confirmed diagnosis? Was there an autopsy? Was there are autopsy? |
| 15. MAIOEN NAME SUSAN TEET 16. BIRTHPLACE (city or town) Calaria Co- | 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? |
| O 16. BIRTHPLACE (city or town) Calara Co- | Where did injury occur? |
| 17. INFORMANT Wash: San: & Hasp . Records. | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Wash St. Date March 23937 | Nature of injury |
| 19. UNDERTAKER W. Al. Clambers Con | 24. Was disease or Injury In any way ralated to occupation of deceased? |
| (Address)/400 Chapin St. n. W. D.C. | if so, specify that the state of the state o |
| 20. FILEO March 2819.37. JT. Co (Rogors) | (Signed) Washington & Andrews |

(Signed).

(Address) Warning (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Bultimbre, Kenneyung O. S. Market Street, Bultimbre, Bu

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: | |
| | muy1,1323 | distroenter tits | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

29 1937

V. S. No. 1

should state

| 1. PLACE OF | SIAIL | F MAR | YLAND— | CERTIFICATE OF DEA | VIII 03 | 3085 |
|---|--|---------------------------------------|--------------------------------------|---|--|------------------------------|
| | Montgomery | | | 2. | Dist. No. | 14 |
| | | | | No. | DISI. NO. | Word |
| | ity. Aspen Hil | | | f death occurred in a horpital or institution, give its NAN | | |
| Length of rasio | dence in city or town where de | eath occurred | yrsmos | ds. How long In U.S. if of foreign birth? | yrsm | os ds. |
| 2. FULL NA | ME Arthur W. | Allis | on | | | |
| (a) Resident | ce: No. Aspen | Hill. (Usual place | Md . of abode) | St., Ward. | t give city or town and | State |
| PERSON | AL AND STATISTI | CAL PARTI | CULARS | MEDICAL CERTIFICAT | E OF DEATH | |
| 3. SEX | White | 5. SINGLE, MAR OR DIVORCE Marri | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH March 5th. (Month) | (Day) | , 193 ⁷ (Year) |
| 5a. If married, widow HUSBAND of (or) WIFE of | ed, or divorced Laura Jacks | son All: | ison | 22. HEREBY CERTIF | Y. That I attended | |
| 6. DATE OF BIRTH | month, day, and year) Fet | .18-18 | 79. | I last saw Alse alive on 3/5/ | 1937 | ; death is said |
| 7. AGE Yea 58 | rs Months | Days | If LESS than 1 day,hrs. | to have occurred on the data stated above, at | ses of importance | Date of onset |
| SAWYER, | ssion, or particular vork done, as SPINNER, BOOKKEEPER, etc. businass in which done, as SILK MILL, L, BANK, etc. | lerk. | | Pulmono, I | truckers | 14 |
| | | spe | ime (years) nt in this upation | | | - |
| 12. BIRTHPLACE (cit (Stata or cour | y or town)Washi | | D.C. | Other Coatributory Causes of importance: | umona | 2/201 |
| E 13. NAME W | illiam Allis | son | | | | 1/24 |
| 13. NAME W: 14. BIRTHPLACE (State or | (4.1) | irfax | Va. | Nama of operation | Date of | aulopsy? 2 |
| 15. MAIDEN NA | ME Ida Adan | ns | | 23. If death was due to axternal causes (VIOLENCE) | | |
| 15. MAIDEN NAI 16. BIRTHPLACE (State or | | lstock | Va. | Accidant, suicide, or homicide? | | |
| 17. INFORMANT | Mrs.Laura Ja Aspen Hil | | Allison | Specify city of Specify whether Injury occurred In INDUSTRY, in H | or town, county and Stat OME, or In PUBLIC PL | ACE. |
| PlaceWas) | hington D.C. | Date Mar | .819.37 | - Nature of injury | | |
| 19. UNDERTAKER (Address) | John R. | Wright | akt, Washingto | 24. Was disease or injury in any way related to occu | pation of deceased?4 | no |
| 20. FILED Was | 7 ,1937 | 7-6.60 | Register | (Signed) Sendy | Par ? | M. E |
| | If more | blanks are needed, | address State Registrar, | , 2411 N. Charles Street, Baltimore, Requesting V. S. N. | 2. 2. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | - | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial aephritis MAY 5 1937 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage MAI 3 1551 | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

ARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 18 8 0 = 1937 | | | |
| Other contributory causes of importance: | 5. | Other contributory causes of importance: | |
| Gallstones PAUREAU V. | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

FOR BINDING

| | Registration Dist. No. 216 |
|------|--|
| | No. 4542 Montgomery Ave. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) /.3.ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| er | If U. S. Veteran, specify WAR Spring, Wald. If nonresident give city or town and State |
| | MEDICAL CERTIFICATE OF DEATH |
| ; | 21. DATE OF DEATH 8 193 7 |
| | (Month) (Day) (Year) 22. I HEREBY CERTIFY, That i attended deceased from |
| | i iast saw h er alive on Freder Month 5, 1937; death is said |
| n | to have occurred on the date stated above, at 2.10.2 m. |
| hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| - 40 | Data of onsat |
| | 2 extension fruit |
| | |
| | |
| | |
| | Other Coutributery Causes of importance: |
| | Greneral visited Sailing |
| | and all all |
| | |
| | Name of operation |
| | What test confirmed diagnosis? . N |
| | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| | Accident, sulcide, or homicide? |
| | Where did injury occur? (Specify city or town, county and State) |
| | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 986 | la |
| 34 | Manner of injury |
| -/ | Nature of Injury |
| | 24. Was disease or injury in any way related to occupation of deceased? |
| d. | If so, specify |
| 1 | (Signed) M. D. |
| ·. | (Address) 73 d mountain (luc |

Registra

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis To The Total Total | 1915 | Attock of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage APR 3 1937 | July 5,1927 | Peritonitis | 3 doys ogo |
| BURDAN V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gollstones | May 1,1923 | Gastroenteritis | 1 yeor |
| | | | |
| | | | |

N. B.-WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | (117) |
|--|--|
| County Montgoney | Registration Dist. No. 2/8 |
| Village or City Naglantastle Village | No |
| Length of residence in city or town where death occurredyrs,mos | ds. How long In U.S. If of foreign birth? yrs. mos. ds. |
| 2. FULL NAME Trange of ward influ | If U. S. Veteran, specify WAR |
| (a) Residence. No. Tenanton Court (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR BACE OR BIVORCED (write the word) | 21. DATE OF DEATH 3 - 30 - 193 (Month) (Day) (Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, end yeer) / 88/ marsh 16 | |
| 7. AGE Yeers Months Days If LESS then 1 day, | to heve occurred on the date steted above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: |
| 8. Trede, profession, or perticular kind of work done, es SPINNER, Rational SAWYER, BDDKKEEPER, etc. | genshod wound of head 3/21/3 |
| kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. SIndustry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | A Swielde, by shorting, culibre |
| O 10. Date deceased last worked at this occupation (month end yeer) 11. Total tipe (yeers) 4. Spent in this occupation occupation | |
| 12. BIRTHPLACE (city or town) Montgon | Dither Contributory Causes of importance: Suiside (Shorting) - exercised at as spring of |
| (Stete or country) | - teating ion a fields, far from Inildings |
| 14. BIRTHPLACE (city or town) Monthly (State or country) | Neme of operation |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 21152117 600 | 23. If death was due to externel causes (VIDL ENCE) fill In also the following: Accident, suicide, or homicide? |
| 17. INFORMANT 123 Frank Fryer | Where did Injury occur? (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Talturburg und | in a field |
| 18. BURIAL, CREMATION, OR REMOVAL Place The small of Date Aril 2, 1977 | Manner of Injury Suissdes by Abouting. Nature of Injury |
| 19. UNDERTAKER Of Marker (Address) Calleroburs | 24. Was disease or injury In any way releted to occupation of deceased? |
| 20. FILED Africa 1937 W FF Ny LOS IT Registrar. | (Signed) 9 authorshire M. C. (Address) 9 authorshire M. C. |

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| Example I | 1 | Example II | 9 - 15 |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: MAY 6 | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis · | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| 2000 | 2 00 | 0. | 1 × | 1 |
|-----------------|-----------------|------------|-----------|-------------|
| Intably omade | - Bullet Gulere | 7.00 Right | y asione | rocess mean |
| the right ear a | nd with an | umary | Course in | The coebure |
| near surcline | a sarretal | acres 1 | haral in | es of brain |
| | 10 | U | | |

V. S. No. 1 B. ż

should state

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 03089 |
|--|--|
| 1. PLACE OF DEATH | (8°C) |
| County Montgo | Registration Dist. No. 2/2 |
| Village or City Clary. | ND. St. Ward |
| | f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mrsmosds. |
| 2. FULL NAME Tobasles It island | Barrouble & Yeteran, specify WAR |
| (a) Residence: No. | St Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 1. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH 3 / 9 / 193 / (Yeer) |
| 5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Cornelia Marshel | 22. I HEREBY CERTIFY. That I attended deceased from 3/4/1 19.3.7 to 3/9/119.3.7 |
| 6. DATE OF BIRTH (month, day, and year) / /6//857 | I last saw h Asa elive on 3/10// 19 37; death is said |
| 7. AGE Years Months Deys If LESS then | to heve occurred on the dete stated above, at 8 9 m. |
| 80 2 2/ 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER SLEET J JOHNS SAWYER, BDDKKEEPER, etc | Blewnie Mycai Lilis 1933 |
| Dete decessed last worked at this occupetion (month and yeer) | Dhu Casta - Ca |
| 12. BIRTHPLACE (city or town) 22 . | Dther Coutributery Causes of Importance: |
| (Stete or country) | Roule Carlese |
| 13. NAME James n. Bainsley | flelden 3/14/3 |
| 14. BIRTHPLACE (city or town) (State or country) | Neme of operation Oate of Oate of |
| (State of Country) | What test confirmed diegnosis? Wes there en eutopsy? 1 |
| 15. MAIDEN NAME Sesan Factor 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT My A. G. Cookel | 23. If death wes due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL PIECE MANY Many Cote Much 21, 193? | Menner of injury |
| 19. UNDERTAKER VM Quben Pumphrey (Address) Ja Jakville hid. | 24. Was disease or injury in eny wey releted to occupation of deceesed? |
| 20. FILED Mar. 20, 1937 CSBarnely | (Signed) M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example IE D | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1 FR 3 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

-WRITE

V. S. No. 1 N. B.-

| 1. PLACE OF DEATH County Montg Co Village or City Length of residence in city or town where death occurred yrs. 4 2. FULL NAME Lillie Hill Becraft (a) Residence: No. (Usual place of abode) | (If death occurred in a horpite of institution, give its NAME instead of street and number) mos. 20 ds. How long in U.S. if of foreign birth? |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DEVORCED (write the wor | D. 21. DATE OF DEATH |
| Pomaro Milito | (Month) 24 , 193 37 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of George W Becraft 6. DATE OF BIRTH (month, day, and year) ViMarnil9th I8 | 22. I HEREBY CERTIFY. That I attended deceased from 19. 19. 3.7, to 19. 2.4, 19. 3.7 1 last saw h |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS th | |
| I858 79 0 5 1day, | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and 1904 spent in this occupation corupation) | Circula moullation ! Day |
| IZ. BIRTHPLACE (city or town) Virginia (State or country) | Other Contributory Causes of importance: Chaq Culcuts Dona & |
| ≝ 13. NAME Reuben Hill | |
| Hand Hand Hill 14. BIRTHPLACE (city or town) Tenn (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Martha Browne Ohio 16. BIRTHPLACE (city or town) (State or country) Methodis Home, H M Wilson 17. INFORMANT (Address) Gaithersburg Md | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL Place Gaithersburg Date Mar 27th, 19 | Manner of injury |
| 19. UNDERTAKERErnest Gartner | 24. Was disease or injury in any way related to occupation of deceased? |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed).

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Perilonitis | 3 days ago |
| MECETALD | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones ZIDPAII V # | May 1,1923 | Gastroenteritis | 1 year |
| and the second s | | | |
| | | | |

| infor- | state | UPA- | |
|--|--|--|--|
| tem of | plnods | of occ | 1 |
| -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | matton should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | |
| T RECOR | Y. PHY | Exact | |
| RMANEN | XACTL | classified. | |
| IS A PEI | stated E | properly | TION is very important. See instructions on back of certificate. |
| HIS | be | pe | Jo |
| VK-T] | should | it may | n back |
| ING I | AGE | so that | ctions o |
| UNFAL | upplied. | terms, | e instru |
| VITTE | fully s | n plain | ıt. Se |
| NLY, | be care | ATH in | mportar |
| PLAI | hould | OF DE | very in |
| -WRITE | matton s | CAUSE | TION is |

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF | MAKI | LAND- | CERTIFICATE OF DEATH | | |
|---|-------------------------------------|--------------------------------|--|--|--|
| 1. PLACE OF DEATH | | • | 4.B | | |
| County Montgomery | | | Registration Dist. No. 214 | | |
| Village or City Fairland | | (16 | ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) | | |
| | | yrsmos | ds. How long in U.S. If of foreign birth?yrsmosds, | | |
| 2. FULL NAME James D. Bo | one | | If U. S. Veteran, specify WAR | | |
| (a) Residence: No. Fairland | d, Md. (Usual place of | abode) | St., Ward. If nonresident give city or town and State | | |
| PERSONAL AND STATISTICAL | PARTIC | ULARS | MEDICAL CERTIFICATE OF DEATH | | |
| 01 | NGLE, MARRI R DIVORCED V100We | (write the word) | 21. DATE OF DEATH Franch (Month) (Day) (Year) | | |
| 5a. If married, widowed, or diversed HUSBAND of (er) WITE of | BA | 10-20. | 22. I HEREBY CERTIFY, That I attended decaased from | | |
| · Nacces | | 13 2055 | Feb. 23 ,1937, 10 march 11 ,1937 | | |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months | Days | th 1853 | I last saw h | | |
| 83 8 | 29 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | | |
| De Trade profession or perticular | 69 | ormin. | were as follows: | | |
| kind of work done, as SPINNER, FE | armer | | Chronic Ingocarditio | | |
| 9. Industry or business in which | | | | | |
| work was done, as SILK MILL, SAW MILL, BANK, atc. | | | | | |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total tim | le (years) In this ation | | | |
| year) | оссар | ation | Other Contributory Causes of Importance: | | |
| 12. BIRTHPLACE (city or town) West VII | rginia | | Chronic nepstrutes | | |
| | | | June Samle Heliting | | |
| E | | | Carcinoma of stomach (?) | | |
| 14. BIRTHPLACE (city or town) West | Virgin | ia | Nama of operation | | |
| 🖺 15. MAIDEN NAME Unknown | | | 23. If daath was due to external causes (VIDL ENCE) fill in also the following: | | |
| 16. BIRTHPLACE (city or town) West V | irgini | a | Accident, suicide, or homicide? | | |
| (State of County) | | | Where did injury occur?(Specify city or town, county and State) | | |
| A. Ward Beall (Address) RFD# 2 Silver Spring, Ma. | | g, Ma. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | |
| 18. BURIAL, CREMATION, OR REMOVAL | | - | Manner of injury | | |
| Placa Rio, W. Va. Date 3/13/37 19 | | 37,19 | Nature of Injury | | |
| 19. UNDERTAKER Warner E. Pumj (Address) Rockville | ohrey Md. | | 24. Was disease or injury In any way related to occupation of daceasad? ho | | |
| 20. FILED Was 12, 1937 7-5. bondly P. Registrar. | | | (Signed) Marian Bankheall M.D. | | |
| If more blanks | are needed, ad | dress State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 03093 |
|---|--|
| 1. PLACE OF DEATH | The all the second seco |
| County Montgomery | Registration Dist. Np. 2 |
| Village or City Betherda (II | ND. 4701 Maple are St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Mary Elizabeth Be | dd |
| (a) Residence: No. 47010 Photple ave, (Usui place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SBX 4. COLOR OR RACE female 4. COLOR OR RACE Whike 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married | 21. DATE OF DEATH March 31, 193 (Month) (Dat) (Year) |
| 5d. If married, widowed, or divorced HUSBAND of (or) WHEE of Frank Budd | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Dec. 21, 1871 | last saw h. M. alive on Mar. 31, 1937. |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 11.20.m. |
| 65 3 10 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 9 Trade profession on self-ut- | Date of enset |
| A Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc | - Control Cont |
| 10. Date deceased last worked at this occupation (month and yeer) | |
| 12. BIRTHPLACE (city or town) Newarr, New Jersey. | Other Centributary Causes of importence: |
| (State or country) | Julmonorg edeina |
| 13. NAME Jacob Stengel 14. BIRTHPLACE (city or town) Germany | |
| 14. BIRTHPLACE (city or town). | Name of operation The Date of |
| (State of country) | What test confirmed diagnosis? None Was there an autopsy? The |
| 15. MAIDEN NAME Mary Auniph | 23. If death was due to external causes (VIDL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) New york, N. 4. | Accident, suicide, or homicide? Date of Injury, 19 |
| (State or country) | Where did injury occur? |
| 17. INFORMANT Haul Juda (Address) 4701 maple as | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18: BURIAL, CREMATION, OR REMOVAL Prince Seorg & Co. | Manner of injury |
| Crispation of Date april 2, 19 3 | Nature of injury |
| 19. UNDERTAKER WM Reuben Pumkhrey (Addiess) Batherda manual | 24. Was disease or injury in eny way related to occupation of deceased? 720 |
| 20. FILED 4 2 1837 B CV evry m. D | (Signed). G. J. Danusfeld M. D. |
| Registrar. | (Address) Jarresaa, finançans |
| aj more viunks are necueu, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

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| Example 1 | | Example II | |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cercbral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| W. Markett | 4 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03093

| 1. | PLACE OF DEATH | - | | (2.3) | | | |
|--|--|---------------------------------|---|--|---------------------|---------------------------------|-----------------------|
| | County Monta Co | | | | Registratio | n Dist. No. | 218 |
| | Village or City Geither Length of residence in city or town where | | (If | No. death occurred in a hospital or institu | tion, give its NA! | St., ME instead of street as | Ward number) |
| 2. | FULL NAME Virginia | | | | | | |
| | (a) Residence: No. | (Usual place of | abode) | T St., Ward. | If nonreside | nt give city or town | and State |
| | PERSONAL AND STATIST | ICAL PARTIC | ULARS | MEDICAL C | ERTIFICAT | E OF DEATH | I |
| 3, SE | male Gol | 5. SINGLE, MARRI OR DIVORCED | ED, WIDOWED, (write the word) | 21. DATE OF DEATH | 3 (Month) | 2 (Day) | 37 , 193 (Year) |
| | married, widowed, or divorced HUSBAND of (or) WIFE of 11 11 | and Ofth | | 22. I HEREBY | CERTI | FY, That I attend | led deceased from |
| 7. AG | TE OF BIRTH (month, day, and year) | une 25th | If LESS than I day, hrs. or min. | I last saw h alive on to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows: | ed above, at | -40am | Date of onset |
| OCCUPATION | Trade, p:ofession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc | Houde V | "ork | Pulmonany. | Justere | uloriz | 217,130 |
| | ID. Date deceased last worked et this occupation (month and pear) IRTHPLACE (city or town) (State or country) | II. Total time spent occupa | in this | Dther Contributory Causes of impo | ortance: | | |
| | 13. NAME | Diversi | | | | | |
| E | 14. BIRTHPLACE (city or town)(State or country) | | | Name of operation | | Dete o | |
| 15. MAIDEN NAME DOLLIE Brown 16. BIRTHPLACE (city or town) Gaither share (State or country) 17. INFORMANT William Campuall | | | 23. If death was due to external cat Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred in | (Specify city | or town, county and | , 19 State) | |
| 18. R | (Address) URIAL, CREMATION, OR REMOVAL | I welve | 10 | Manage of Indiana | | | |
| 23. 0 | Place Brownstown | a. Date | -7h = 1-4=-, 19- en 40; | Manner of injury | | | |
| | NDERTAKER PROST C (Address) Gaith as | Gartn r | Pooke | Nature of injury 24. Was disease or injury In any was lf so, specify (Signed) (Address) | | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | and the same |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis APR 6 1937 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| planting disease of the delication of the delica | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | May 1,1923 | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH

03094

| Length of residence in city or town where death occurred | No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street end number) mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
|---|--|
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED OR DEVORCED (write the word) | 21. DATE OF DEATH 3 '4 ,193 37 (Month) (Oay) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. OATE OF BIRTH (month, day, and year) May 30th | 22. I HEREBY CERDIFY. That I attended deceased from 19 |
| 7. AGE Years Months Days If LESS that 1 day, | To the state of th |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) | Twas themsely no develop. 111 helfor making yelink Other Contributory Causes of importance: Tel 27 |
| HE 13. NAME James Case 14. BIRTHPLACE (city or town) Md (State or country) | Name of operation Oate of What test confirmed diagnosis? Was there an au'opsy? |
| 15. MAIDEN NAME Mary Thrasher 16. BIRTHPLACE (city or town) Md (State or country) 17. INFORMANT J C Church (Address) Senica | 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL Place—Deprisonn—A.C.—Date——ar 7th 19 | Manner of injury |
| 19. UNOERTAKER Ernest C Gartner (Address) Gaithersburg 12 20. FILEO Mor J 19 37 W E Levans | 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. 0 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|--------------------|--|---------------|
| The principal cause of death and related ca of importance were as follows: | uses Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis APR 1993 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Perilonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

Registrar.

If more blanks are needed, address State Registrar, 24x1 N. Charles Street, Baltimore, Requesting V. S. No. 1.

| Registrat | | | 3 |
|---|------------------|--------------|---------------|
| No. Washington Sanitari | AME instead of | street and u | Ward |
| ds. How long in U.S. if of foreign birth | ?yrs | mo: | sds. |
| tt If U.S. Veteran specify WAR | | | |
| St., Ward. If nonres | Park, hu | town and S | State |
| MEDICAL CERTIFICA | TE OF DE | EATH | |
| 1. DATE OF DEATH | 2 | 2 | 7 |
| Masch (Month) | (Oay) | 2 | (Year) |
| March 22, 1937, 10 | IFY. That I | attended d | aceased from |
| lest saw h LR alive on Mare on have occurred on the date stated above, at | le 22 | , 19.3.7 | death is said |
| o have occurred on the date stated above, at | 10 A.m. | | |
| The PRINCIPAL CAUSE OF DEATH and related were as follows: | | | |
| | | | Oata of onset |
| Prematurity (5 mouths | | | 3/22/3 |
| (5 mouths: | brense | rucy) | 3/22/3 |
| | 7/ | V | |
| | | | |
| Other Contributory Causes of importance: | | | |
| | | | |
| | | | |
| | | | |
| Name of operation | | Data of | |
| Whet test confirmed diagnosis? | | | topsy? |
| 3. If death was due to external causes (VIOLENC | | | |
| Accident, suicida, or homicide? | Date of inju | ry | , 19 |
| Where dld injury occur?(Specify ci | ty or town, coun | ty and State |) |
| (Specify ci Specify whether injury occurred in INDUSTRY, I | n HOME, or in P | UBLIC PLA | CE. |
| | | | |
| Manner of injury | | | |
| Nature of injury | | | |
| 3. Was disaese or injury In any way related to o | ccupation of dac | eased? | |
| If so, specify | 10.26 | | |
| (Signed) & attractive D. (Address) 20 W. Balto. | Hung | · in | dou. |
| (Unnig22) "040-755" . " (2555555) | Deline y Co | A STATE OF | LULU |

V. S. No.

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| Example I | 19 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 5 1931 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

of OCCUPA-

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 03096 |
|--|---|
| 1. PLACE OF DEATH | |
| County Montgomery | Registration Dist. No. 223 |
| Village or City Vako the Park | No. Washington Sanitarium , Hest, Ward |
| | death occurred in a horpitator institution, give its NAME instead of street and number) |
| 0 0 1 1 | If U.S. Veteran specify WAR. |
| (a) Residence: No. 5009. 7th Place. N.W. | St. Ward. Washington D.C. |
| (Usual place of abode) | If non-esident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| Male. White married. | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, That I ettended deceased from |
| (or) WIFE of Flora O Colcord | March 5. , 1937, to March 5. , 1982 |
| 6. DATE OF BIRTH (month, day, end yeer) Aug. 17 1898. | I last saw him elive on March 5 , 1932; deeth is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at12:10:fh. ** n. |
| 38. 8. 16. 1day,hrs. | The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows: |
| 8. Trede, profession, or particular kind of work done as SPINNER. | P A + A |
| kind of work done, as SPINNER, Scientific Ald. | Out North |
| work was done, es SILK MILL, Dett. Agriculture & Davi | 6/3/3/ |
| 1) 10 Date deceased jest worked at | |
| this occupation (month end spent in this occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) Australia. | - Other Contributory Causes of Importance. |
| (State or country) | Demonkeye |
| 13. NAME Willard A Colcord. 14. BIRTHPLACE (city or town) Coleta Illinois. | V |
| 14. BIRTHPLACE (city or town) Coleta Illinois- | Name of operation Dete of |
| (State of Country) | Whet test confirmed diegnosis? Was there en eutopsy? |
| 15. MAIDEN NAME HANG L. Guise. | 23. If death was due to external causes (VIOLENCE) fill In elso the following: |
| 15. MAIDEN NAME Anna L. Guise. 16. BIRTHPLACE (city or town) Sacremente Catifornia. (State or country) | Acciden sulcide or homistal Date of injury 19 |
| 1. 1. 1. 0 1 . 1 / | Where did injury occur? (Specify city) or town, county and State) |
| 17. INFORMANT Washington Jan: 27405 f. /a/ | Specify whether Injury occurred by INDUSTRY, if HOME or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury but throat a ran blute |
| PlaceWash Man Capa Date May 9 , 1927 | Nature of Injury but gateries / weigh muscle on |
| 10 HADEDT AVED MIN MARIN LOUIS CO. | 24. Was disease or injury in any way related to occupation of deceased? |
| 19. UNDERTAKER (Address) 1400 Charles (Address) | If so, specify Q. J. M. G. D. |
| 20 FILEDMAN 5 1937 HEROSON | (Signed) Chy M. D. |
| Registran. | (Address) Maghington Hanlatini |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltispore Requestion V. S. Nave. (d. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servent—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| 1 | Example II | |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

| ADDITIONAL SPACE FOR FURTHER | STATEMENTS BY PHYSICIAN |
|------------------------------|-------------------------|
| | 191925 |
| | 770 |
| | |

V. S. No. 1

| Place Slemund of Com. Date 3/24 1937 Nature of injury 19. UNDERTAKEN Me S. Strang Company (Addrass) 2501-1445 The Company of Company (Signed) (Signed) (Signed) (Signed) | STATE OF MARYLAND— | CERTIFICATE OF DEATH 13007 |
|--|--|---|
| County Vilage or City. Jackson where dash occurred No. | 1. PLACE OF DEATH | 00031 |
| Village or City. Adjusted and part of the country in a horpital or institution, give in NAME inseed of street and number) Length of residence la city or Jown where dash occurred in a horpital or institution, give in NAME inseed of street and number) 2. FULL NAME Sand Sand Sand Sand Sand Sand Sand Sand | County // ontamen | |
| Length of residence in city of town where dash occurred a shoppind or institution, give in NAME instead of area and number) 2. FULL NAME 2. A COLOR OR NAME (a) Residence: No. 3 2 6 5 7 | HILL CORPORATE LIMITS OF | 1. 626 (ast 18) B. al |
| Leagh of residence in city or town where death occurral. 2. FULL NAME 2. FULL NAME 3. Residence: Na 2 b & 17 (Usus place of abode) St., Ward. Word of vivered for perfect of the said to cocupation of decessed? Now year. Solve of business in which ward as a said in this cocupation. Ward. | | |
| (a) Residence: No. 3.1.5 (Unasplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DEFORMATION OF PARTICULARS 4. Ill mainfield, widowed, or divorced on DEFORMATION OF DEFORMATION OF DEFORMATION OF STATE OF DEATH 21. DATE OF BIRTH (month, day, and year Or Death Or DEFORMATION OF DEFORMATION O | Length of residence In city or town where daath occurredyrsmos | |
| (a) Residence: No. 12.8.6.7 (Usualpiace of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX A. COLOR OR RACE S. SINGLE MARKEEN, WIDOWED, OR DIVORCED Complete, word, Or) Wife of State Sta | 2. FULL NAME Sarah (sand | my tob |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OB, RACE S. SINCLE, MARRIED, WIDOWED, OR DJÓRCED ("wrighth, word) S. If married, widowed, or divorced HUSBAND HUSBAND 6. DATE OF BIRTH (month, day, and year October) 6. DATE OF BIRTH (month, day, and year October) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 1 last saw h. L.P. allvao on the date stated above, at. J. Am. The PRINCIPAL CAUSE OF DEATH Am. The PRINCIPAL CAUSE OF DEATH and related cause of importance were as follows: SAW MILL, BARK, atc. 10. Date decaded lest worked at this occupation (month and year) 10. Date decaded lest worked at this occupation MALLER Colly or lown) (State or country) 11. S. MAIDEN NAME 13. NAME 14. BIRTHPLACE (city or lown) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURNAL CREMATION, OR REMOVAL Place Place 19. BURNAL CREMATION, OR REMOVAL Place 19. BURNAL CREMATION AMORITANT 1 | 7, 1, | St Ward Offshare tous DO |
| 3. SEX 4. COLOR OR RACE OR DUFFORCED (with word) 38. If married, widered, or divorced (or) Wife or 4. DATE OF BIRTH (month), day, and year Q + 4. DATE OF BIRTH (month), day, and year Q + 5. Tade, profession, or perticular 5. Trade, profession, or perticular 6. DATE OF BIRTH (month), day, and year Q + 6. DATE OF BIRTH (month), day, and year Q + 7. AGE 7. AGE 7. AGE 8. Trade, profession, or perticular 8. Trade, profession, or perticular 8. Trade, profession, or perticular 9. If LESS than 1 dey | | |
| OR DIFORCED (wargist the world) 5. If married, widowed, or divorced (Usan) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 8. Trade, profession, or perticular kind of work does, as SPINNED 8. Trade, profession, or perticular kind of work does, as SPINNED 8. Trade, profession, or perticular kind of work does, as SPINNED 8. Trade, profession, or perticular kind of work does, as SPINNED 8. Trade, profession, or perticular kind of work does, as SPINNED 9. Industry or business in which 9. Industry or business in which 9. SAW MILL, BANK, sic. 9. Industry or business in which 10. SAW MILL, BANK, sic. 11. Total time (years) 12. BIRTHPLACE (city or fown) (State or country) 13. NAME 14. BIRTHPLACE (city or fown) (State or country) 15. MADEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. JANK Agians 19. JANK | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| S. If married, widowed, or divorced S. If married, widowed, or divorced (or) Wife of S. DATE OF BIRTH (month, day, and year Oct. S. DATE OF BIRTH (month, | The state of the s | 21. DATE OF DEATH |
| 5. If married, widowed, or divorced HUSBAND (or WHE of Or) WHE or Or) WHE of Or) WHE or | | |
| 6. DATE OF BIRTH (month, day, and year) C. A. AGE 7. AGE 8. Trade, profession, or perticular kind of work done, as SPINNED SAWER, BOOKKETER, etc. 10. Date deceased lest worked at this occupation (month) and year) 11. Total time (years) spent in this occupation (month) and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. Survay 19. 37. The PRINCIPAL CAUSS OF DEATH and related causes of importance were as follows: 19. Date of cases and the worked at this occupation (month) and occupation | 5a. If married, widowed, or divorced | (month) (bay) (that) |
| 6. DATE OF BIRTH (month, day, and year Q C | | M_{1} |
| Take, profession, or perticular leaves of importance were es follows: Date of ones to the date stated above, at 94 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of ones to follows: | 04201011 | 1,400 |
| 8. Trade, profession, or perticular wind of work done, as SPINNERS SAWYER, BOOKEPEPER, etc. SAWYER, BOOKEPEPER, etc. Jindustry or business in which was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased lest worked at this occupation (month and year) Spant in this occupation Other Contribatory Causes of importance: Date of country) What test confirmed diagnosis? Was that as an europsy? Months and in the sound of the subject of the subj | | 046 |
| 8. Trade profession, or perticular find of work done as SPINNED. SAMYER, BOOKEEPER, etc. 9. Industry or business in which was wise done as SPINNED. 10. Date deceased lest worked at this occupation month and year) 11. Total time (yaars) spant in this occupation month and year) 12. BIRTIPLACE (city or fown) (State or country) 13. NAME 14. BIRTIPLACE (city or fown) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. 37. No. 6. Rogentar. (Signed) (Signed) (Signed) M. D. (Addrass) 19. 37. No. 6. Rogentar. (Addrass) 24. J. | The state of the s | |
| Nema of operation. Shaftplace (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place Plac | | were as follows. |
| year) Year) Spentin | 8. Trade, profession, or perticular kind of work done, as SPINNER | Date of onset |
| year) Year) Spentin | SAWYER, BOOKKEEPER, etc. | (theresclesosis) you |
| year) Year) Spentin | o work was done, as SILK MILL, | Duppstatic Meumonia 3/24/3 |
| year) Year) Spentin | O 10. Date deceased lest worked at 11 Total time (years) | Brongskal polumania Curga |
| Other Contributory Causes of Importance: Other Contributory Causes of I | Spent in this | Duration: 36 hours. |
| (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis? What test confirmed diegnosis? What test confirmed diegnosis? What test confirmed diegnosis? Was thar an europsy? Accident, suicide, or homicide? (State or country) What diegnosis? Country (State or country) What diegnosis? Was thar an europsy? Accident, suicide, or homicide? What diegnosis? Specify city or town, country and State) (State or country) What diegnosis? Country (Specify city or town, country and State) Specify whether injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Was thar an europsy? Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Was disease or injury in eny way related to occupation of daceased? If so, specify (Signed) M. D. (Addrass) Addrass) Accident, suicide, or homicide? Specify whether injury occurr? Specify whether injury occurr? Specify whether injury occurr? Specify city or town, country and State) Specify whether injury occurr? Nature of injury Nature of injury Nature of injury (Addrass) 24. Was disease or injury in eny way related to occupation of daceased? M. D. Registrar. (Addrass) Accident, suicide, or homicide? Specify city or town, country and State) Specify city or town, country and State) Accident, suicide, or homicide? Nature of injury Accident, suicide, or homicide? Specify city or town, country and State) Specify city or town, country and State) Accident, suicide, or homicide? Accident, suicide, or homicide? Nature of injury Nature of | , so spending | Other Contributory Causes of importance: |
| 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 10. FILED 10. FILED 10. FILED 11. INFORMANT 12. (Addrass) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL (Addrass) 19. UNDERTAKER 19. (Addrass) 19. (Signed) 19. (Signed) 19. (Addrass) | | |
| What test confirmed diegnosis? Was thar an europsy? Described to a star and causas (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) What dest confirmed diegnosis? Was thar an europsy? Described to a star and causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury occur? (Specify city or town, county and State) (Specify city or town, county and State) (Addrass) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury Nature of Injury 19. UNDERTAKEN DESCRIPTION OF ACCIDENT OF ACCIDENT OF ACCIDENT OF ACCIDENT OF ACCIDENT. (Addrass) 24. Was disease or injury in eny way related to occupation of daceased? (Signed) (Signed) (Addrass) M. D. (Addrass) M. D. (Addrass) M. D. (Addrass) M. D. (Addrass) | | |
| What test confirmed diegnosis? Was thar an europsy? Described to a star and causas (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) What dest confirmed diegnosis? Was thar an europsy? Described to a star and causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury occur? (Specify city or town, county and State) (Specify city or town, county and State) (Addrass) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury Nature of Injury 19. UNDERTAKEN DESCRIPTION OF ACCIDENT OF ACCIDENT OF ACCIDENT OF ACCIDENT OF ACCIDENT. (Addrass) 24. Was disease or injury in eny way related to occupation of daceased? (Signed) (Signed) (Addrass) M. D. (Addrass) M. D. (Addrass) M. D. (Addrass) M. D. (Addrass) | II 13. NAME | |
| What test confirmed diegnosis? Was thar an europsy? Described to a star and causas (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) What dest confirmed diegnosis? Was thar an europsy? Described to a star and causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury occur? (Specify city or town, county and State) (Specify city or town, county and State) (Addrass) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury Nature of Injury 19. UNDERTAKEN DESCRIPTION OF ACCIDENT OF ACCIDENT OF ACCIDENT OF ACCIDENT OF ACCIDENT. (Addrass) 24. Was disease or injury in eny way related to occupation of daceased? (Signed) (Signed) (Addrass) M. D. (Addrass) M. D. (Addrass) M. D. (Addrass) M. D. (Addrass) | 14. BIRTHPLACE (city or town) | Nema of operation Date of |
| Whare did injury occur? (Specify city or town, county and State) (Addrass) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place Place (Addrass) 19. UNDERTAKER (Addrass) (Addrass) 20. FILED (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Specify city or town, county and State) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Addrass) (Specify city or town, county and State) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Specify city or town, county and State) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Addrass) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Addrass) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Addrass) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Addrass) (Addrass) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Addrass) (Addrass) (Addrass) (Addrass) | (State of country) | What test confirmed diegnosis? Was thar an europsy? 2.0. |
| Whare did injury occur? (Specify city or town, county and State) (Addrass) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place Place (Addrass) 19. UNDERTAKER (Addrass) (Addrass) 20. FILED (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Specify city or town, county and State) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Addrass) (Specify city or town, county and State) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Specify city or town, county and State) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Addrass) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Addrass) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Addrass) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Addrass) (Addrass) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Addrass) (Addrass) (Addrass) (Addrass) | 15. MAIDEN NAME Manual 10, 1 Complex | 23. If daath was due to axtarnal causas (VIOLENCE) fill in also the following: |
| Whare did injury occur? (Specify city or town, county and State) (Addrass) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place Place (Addrass) 19. UNDERTAKER (Addrass) (Addrass) 20. FILED (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Specify city or town, county and State) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Addrass) (Specify city or town, county and State) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Specify city or town, county and State) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Addrass) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Addrass) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Addrass) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Addrass) (Addrass) (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addrass) (Addrass) (Addrass) (Addrass) (Addrass) | 6 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Dete of injury, 19 |
| 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place Place Manner of Injury Nature of Injury Nature of Injury 19. UNDERTAKEN (Addrass) 26. Poger (Addrass) (Addrass) 26. Roger (Addrass) (Addrass) (Signed) (Addrass) (Addrass) (Addrass) (Addrass) (Addrass) | State or country) | Whare did injury occur? |
| (Addrass) 3 28 - 7 2 Manner of Injury Place Survivo or Cern. Date 3 29, 19 37 19. UNDERTAKEN Me S. B. Sking Ce 24. Was disease or injury in eny way related to occupation of daceased? (Addrass) 2 5 0 1 24 24 10 10 11 11 11 11 11 11 11 11 11 11 11 | 17 INFORMANT Dr. Paul / 31 Jahns | (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| Place Slemwook Gem. Date 3/29, 1937 Nature of Injury 19. UNDERTAKEN S. Straig Co. (Addrass) 250/29 TV. (Addrass) 250/29 TV. (Signed) 20. FILED Mar 26, 1937 No. 6. Roger O. (Addrass) 277. Ilen. Ust. Sulver Spring. | | / |
| 19. UNDERTAKEN SE S. Strate Co. (Addrass) 2501-4457 No. 6. Registrar. (Addrass) 2501-4457 No. 6. Registrar. (Addrass) 2501-4457 No. 6. Registrar. (Addrass) 247. ILEO. List, Sulvey Spring. | 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| 19. UNDERTAKEN THE S. Straight Co. (Addrass) 250/4450 Process (Addrass) 250/4450 Process (Signed) (Signed) M. D. (Addrass) 247. Leon List, Sulvey Spring. | Place Stenero of Cem. Date 3/24/, 1937 | |
| (Addrass) 250/-14 of nur 20. FILED Mar 26, 1937 26. E. Rogers. (Signed) (Signed) (Addrass) 2427. ILEO. List, Sulver Spring | 10 HADESTAVE The of al Charles to | TVI |
| 20. FILED Mar 26, 1937 H. E. Rogers. (Signed) If It Mells of M.D. Registrar. (Addrass) \$427. ILEO. Web. Sulver Spring | | |
| Registrar. (Addrass) \$427. Stelle Del Sulver Spring | 41/21/21 27 21 8 P - 250 | |
| | 20. FILED/ 10. 20, 19.5/ 10. 6. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 | |
| | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| 1 t | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY I | PHYSICIAN | J |
|--|-----------|---|
|--|-----------|---|

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | |
| county Montgamery | Registration Dist. No. 223. |
| Village or City Takoma Park | Nollashinaton Sanitarium a Hosportal Ward |
| (li | death occurred in a hornital or institution, give its NAME instead of street and number) |
| 0. 0. 0. 1 | ds. How iong in U.S. if of foreign birth?yrsmos,ds. |
| 2. FULL NAME Mr Hrthur De goosh | If U.S. Veteran apecify WAR. |
| (a) Residence: No.17.01 - H. St. M. W. (Usual place of abode) | St., Ward. Washington W. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single | 21. DATE OF DEATH March (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) August 14-1869 | Hast saw him elive on March 4 ,1937; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 2 10 a.m. |
| 67 6 21 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Retired Lawyer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the second in this occupation) (month and the second in this occupation). | the glomeral meshouther |
| Sundustry or business in which work was done, es SILK MILL, 1 Ctt Cl. Board. | Mythedial depending |
| work was done, as SILK MILL In Je States Shypsing | |
| 11. Total time () ears) this occupation (month end 0 3 4 spent in this occupation) | |
| 12. BIRTHPLACE (city or town) West Fairlee | Other Gorger Butory Causes of importance fullule public |
| (State or country) Vermont | 1 |
| 13. NAME Henry De goosh 4. BIRTHPLACE (city or town) Drange | |
| 14. BIRTHPLACE (city or town) Orange (State or country) | Name of operation |
| " URI M and | What test confirmed diagnosis? Was there en eutopsy? |
| II HOSE PASITIONS | 23. If deeth wes due to external causes (ViOL ENCE) fill in eiso the foilowing: |
| [5] 16. BIRTHPLACE (city or town) West Fairlee (State or country) Vermont | Accident, suicide, or homicide? Date of injury, 19 |
| 1011 + C + . 20 1 | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Washington Sanilarium teeords (Address) Tatoma Park md. | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Date 3-14, 19.37 | Nature of Injury Q |
| 19. UNDERTAKER Harrer & Gruphry | 24. Was disease or injury in eny way related to occupation of deceased? |
| (Address) Sklow Spring mid | if so, specify |
| 20. FILED// atel/ 3, 193/ 70.6, togets | (Signed) M. D. |
| Registrar. | (Address) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Legistic W.S. New 1.

12000000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| WUNGALI V. 5 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. WRITE PLAINLY,

V. S. No. 1

ż

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | (157:C) |
| County Myny | Registration Dist. No. 2/3 |
| Village or City Published | NoSt Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? |
| 2. FULL NAME Edward Lor | ALY |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH MAL 9 |
| 5a. If married, widowed, or divorced | (Month) (Day) (fear) |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That i ettended deceased from |
| The old cong | no perperson 19 |
| 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than | I lest saw h elive on death is said |
| I day, 2hrs. | to have occurred on the date stated ebove, at |
| 8. Trade, profession, or perticular | were as follows: |
| 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | The at |
| 9. Industry or business in which | |
| work was done, es SILK MILL, SAW MILL, BANK, etc | |
| this occupation (month end year) yeer) | |
| Roman Del | Other Contributary Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | the now working |
| 13. NAME Charles | m the |
| 14. BIRTHPLACE (city or town) Proliment | Name of operation Dete of |
| (Stete or country) | What test confirmed diagnosis? Wes there an autopsy? |
| 15. MAIDEN NAME Elano Dorses | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT (Address) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Plece Date 19 | Nature of injury |
| 19. UNDERTAKER De Corrol Dorsey | 24. Wes disease or injury in eny wey related to occupation of deceased? |
| (Address) | If so, specify |
| 20. FILED 3/10 , 19 37 WWW. | (Signed) M. D |
| Registrar. | (Address) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | Example II | | |
|--|---------------|--|---------------|
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| Arteriosclerosis | 1915 | Attack of epilepsy | 1 weck ago |
| Chronic interstitial nephritis 5 1931 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

20. FILED Ma

| OF DEATH | | | | (82-20) |
|---|--------------|-----------------------------|--------------------------------------|--|
| Montg | Co | | | Registration Dist. No. 2/8 |
| | antow | n | R F D | No. St., Ward |
| Oity | | | (1) | death occurred in a hospital or institution, give its NAME instead of street and number) |
| esidence in city or to | wn where dea | th occurred | yrsmos | ds. How long in U.S. if of foreign birth?yrsmosds. |
| AME Jam | ies F | Dove | | |
| | antow | n R | F D. | St. Ward. |
| ence. No | | (Usual place | of abode) | tf nonresident give city or town and State |
| NAL AND ST | ATISTIC | AL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH |
| 4. COLOR OR R | | . SINGLE, MAR OR DIVORCE | RIED, WtDOWED, D (write the word) | 21. DATE OF DEATH 2 (Day) (Year) |
| lowed, or divorced | | | | (Month) (Day) (Year) |
| | tl tt | | | 22. I HEREBY CERT t FY, That I attended deceased from |
| | | | | news 19 w, to when dan 19 |
| H (month, day, and ye | ear) Unk | nown | | I last saw h alive on |
| rears N | Nonths | Days | If LESS than | to have decerred on the date stated epoye, at |
| 67 | _ | | l day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: |
| ofession, or particular f work done, as SPIN | NNER, | | haman | asterio statero la resun |
| ER, BOOKKEEPER, etc or business in which | tt | arm-La | Dorer | - Laboration |
| was done, as SILK MI MILL, BANK, etc | ILL, | | | |
| eased last worked at ecupation (month and | 1.0 | spe | ime (years) ntin this | |
| | | 060 | upation | Other Contributory Causes of importance: |
| (city or town) | laryla | nd | | Seath was brokaby claure |
| ountry) | | | | by certail humanhage |
| James I | Dov | e | | I dim of stalk not know |
| CE (city or town) | | Md | | Name of operation At the the Date of the |
| or country) | | | | What test confirmed diagnosis? Was there an autopsy? |
| NAME Oliv | e Sn | ider | | 23. If death was due to external causes (VIOLENCE) fill in elso the following: |
| CE (city or town) | Md | | | Accident, suicide, or homicide? |
| or country) | moc | Daice | | Where did Injury occur? (Specify city or town, county end State) |
| Mrs Tho | | Briggs antown | | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| IATION, OR REMOVA | L | | | Manner of injury |
| Wealsvill | -eMd | Date_Mar | 23rd19 3 | Nature of Injury |
| Ernest | C G | artner | | 24. Was disease or injury in any way related to occupation of deceased? |
| Gaithe | rsbur | g md | ~ ! | If so, specify |
| cel 22 1937 | ahe | 10/1/4 | Combo | (Signed) M. D. M. D. |
| r300005184, 13.N-1. | E | | Registrar. | (Address) L. Martheraux out |
| | | | | |

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---------------|--|---------------|
| orincipal cause of death and related causes portance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| osclerosis | 1915 | Attack of epilepsy | 1 week ago |
| ic interstitial mephritis | 1921 | Run over by street car | 1 week ago |
| al hemorrhage APR 8 1937 | July 5,1927 | Peritonitis | 3 days ago |
| contributory causes of importance: | | Other contributory causes of importance: | |
| ones 1 | May 1,1923 | Gastroenteritis | 1 year |
| | | | 44-2-2 |
| man and the state of the state | May 1,1923 | | |

| ADDITIONAL SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN | ĺ |
|------------------|-----|---------|------------|----|-----------|---|
|------------------|-----|---------|------------|----|-----------|---|

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.-WRITE PLATNLY,

ż

| 1. PLACE OF DEATH | 23 |
|--|--|
| County Mont goming. | Registration Dist. No. 2// |
| Village or City Clagaett buille Md. | NoSt.,Ward |
| | If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Slaye It. Easton. | |
| (a) Residence: No. P. D. Mara Maria Mid. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Single | 21. DATE OF DEATH (Month) (Day) (Year) |
| . If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, Thet I attended deceased from |
| DATE OF BIRTH (month, day, end year) Nov. 19. 1870 | I last sew have alive on have 17 1937; death is sai |
| AGE Years Months Deys If LESS than | to have occurred on the date steted above, at 2.3.5 P.m. |
| 66 4 0 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importence ware a follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | E marin bon onlose Tuans |
| Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc | |
| 10. Date deceased lest worked et this occupation (month end 3/15/37) 11. Total time (years) spent in this yeer) | |
| BIRTHPLACE (city or town) Montgomeny Co (Stete or country) Montgomeny Mal. | Other Contributory Canses of Importance: |
| 13. NAME Liles IV. Easton. | |
| 14. BIRTHPLACE (city or town) (Stete or country) | Name of operation Dete of What test confirmed diagnosis? Communication West here an autopsy? |
| 15. MAIDEN NAME Mangaret 6. Burdette. | 23. If death wes due to external causes (VIOL ENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| (State or country) Md. | Where did injury occur? |
| (Address) Monrora Caston. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY HOME, or in PUBLIC PLACE. |
| BURIAL, GREMATION, OR REMOVAL Place Montgomery Chapel. Dat March, 21, 1937 | Manner of injury |
| UNDERTAKER C.M. Maltz. (Address) Print Polit M. | 24. Wes disease or injury in eny wey releted to occupation of deceased? |
| , FILED Mar 20, 1937 Della W. Burdit | (Signed) M. (Address) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitud nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| PI MINI | | | | |
| Other contributory causes of importance: | 10.6 | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 0 | 3 | 1 | 0 | 2 |
|---|---|---|---|---|
| | | - | | |

| 1. PLACE OF DEATH | |
|--|---|
| County Montgowery | Registration Dist. No. 216 |
| Village or City Read Betherda | No. 7 Locks Road St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME William Harvey Com | elsen het has heter |
| (a) Residence: No. I Lacks Rd Betherla md. | St., Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State |
| 0.000 | MEDICAL CERTIFICATE OF DEATH |
| male white OR DIVORCED (write the word) | 21. DATE OF DEATH March 2, 1937 (Month) (Day) |
| 5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of M. A | 22. HEREBY CERTIFY, That I attanded decaased from |
| There is a company. | 1 1937, to March 2, 1937 |
| 6. DATE OF BIRTH (month, day, and yaer) Jan 17 1879 | I last saw h 1992 elive on 1997; deeth is seid |
| 7. AGE Yaars Months Deys If LESS than 1 day,hrs. | to have occurred on the dete steted above, atm. |
| 58 1 13 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of Importanca were as follows: |
| 8. Trede, profession, or particular kind of work done, as SPINNER. | Date of one of |
| kind of work done, as SPINNER, Farmer. | Duicide |
| -0. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this securation (mostly and | |
| O this occupation (month and spant in this year) occupation | |
| Ma A | Othar Cantributary Causes of Importanca: |
| 12. BIRTHPLACE (city or town) (State or country) | 0-00 |
| | Milunga |
| 14. BIRTHPLACE (city or town) MA. | - C |
| 14. BIRTHPLACE (city or town) | Name of oparation Date of |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIOEN NAME Moria Pennfield 16. BIRTHPLACE (city or town) M. C. | 23. If deeth wes due to external causes (VIOLENCE) fill In also the following: |
| 6 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Buicel Date of injury 21 219 37 |
| ∑ (State or country) | Where did injury occur? Many may Co. Med. |
| 17. INFORMANT Mettice & Embrey. | (Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Addrass) 7 hacks Rache Bethele md. | at arme |
| 18. BURIAL, CREMATION, OR REMOVAL | Mennar of Injury Steet ann |
| Place Polomai Ma. Oate 3 - 7, 1937 | Nature of injury Top of Skall Vegrove all |
| 19. UNDERTAKER Win Reuben - Pumpshrey. | 24. Was disease or injury in any way related to occupation of daceased? |
| (Addrass) 7005 Wy any Bothula ma | If so, spacify |
| 20. FILED 3 J 19 37 03 Cherry m. A. Resistrar. | (Signad) M. D. (Address) M. D. |
| / Registrar. | (Violess) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 11 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: E VED | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis APR 3 193? | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| RURFALL V. 3. | | | |
| American College of a set and deal against a service adjace of a contact of a set of the | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

FOR BINDING

MARGIN RESERVED

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 03103 |
|--|--|
| 1. PLACE OF DEATH | |
| THIS County Mant gamery | Registration Dist. No. 223 |
| Village or City Sakkma tark, Ind | No. Washing ton San y Vist fits Ward death occurred in a horpital or Institution, give its NAME instead of street and number). |
| Length of residence in city or town where death occurredyrs!mos | |
| 2. FULL NAME / Mrs. parphine Beall Com | geld If U.S. Veteran specify WAR |
| (Usual place of abode) | b. Y.St., Wisea Wardin are. Washington D. C. If nonresident give fity or town and State. |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sa. If merried, widowed, or divorced | 21. DATE OF DEATH March (Month) (Day) (Year) |
| HUSBAND of Mr. William Engel - (deceased) | 22. I HEREBY CERTIFY, Thet i attended decessed from 1-22, 1937, to 3-3, 1937. |
| 6. DATE OF BIRTH (month, day, end year) (ctober 4-1856 | i last saw h. Ra. alive on 3-3-, 19-3-7; death is said |
| 7. AGE Years Months Deys if LESS than 1 day,hrs. | to have occurred on the date stated above, etbm. |
| 80 5 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SII K MILL | Let be suffered |
| 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. | Afterioschrosp |
| SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end spent in this occupation coupetion occupation | myogardial trypertropey + degeneration |
| 12. BIRTHPLACE (city or town) Washington D. C. (State or country) | Other Eghtributory Causes of impostance: |
| 13. NAME unable to ascertain | |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of Whet test confirmed diegnosis? Was there an autopsy? |
| 15. MAIDEN NAME Miss ? Beale | 23. if death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) unable to ascertain (Stete or country) | Accident, suicide, or homicide? Date of Injury, 19 |
| 17. INFORMANT Chash Saw + Hosp Record (Address) Jakoma Park . Mid | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Water Street Control of Co | Manner of injury |
| 19. UNDERTAKEN THE Seis Sent S (Address) 300 - 11 St 71 E | 24. Wes disease or injury in any way related to occupation of deceased? |
| 20. FILED Was 4, 1937 86. E. Rogers Registrar | (Signed) Oad 4. Calvery M. D. (Address) La Calvery Parke M. A. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street Palismore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | i | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Perilonitis | 3 days ago | |
| DELETT V. 5. | | | | |
| Other contributory causes of importances | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
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| |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 03104 | | | |
|--|---|--|--|--|
| 1. PLACE OF DEATH | | | | |
| County Montgomery | Registration Dist. No. 2/7 | | | |
| Village or City Sandy Shome | NoSt., Ward | | | |
| Length of residence in city or town where death occurred yrs mos | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? | | | |
| 2. FULL NAME Joseph Q. Tenne | 0 | | | |
| | St. Qut Ward. | | | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State | | | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | | |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH MARCH 9/ | | | |
| Married MA married | (Month) (Oay) (Year) | | | |
| 5a. If merried, widowed, or divorced HUSBANO of (er) WIFE 4 | 22. I HEREBY CERTIFY, That I attended deceased from | | | |
| Unne Louisa Tennel | Jan 30 ,1935, to march 26, 1937 | | | |
| 6. DATE OF BIRTH (month, day, and year) Jan. 1869 | Flast saw h. uss alive on March 27 1937; death is said | | | |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, et 10 in A-m. | | | |
| 68 2 1 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows: | | | |
| 8. Trade, profession, or particular | Date of onset | | | |
| kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc. | mitral Disease ? | | | |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the state of th | myocardial Designeration | | | |
| 10. Date deceased last worked at 11, Total time (years) | Hypertension | | | |
| O 10. Date deceased last worked at this occupation (month and 1930) spent in this occupation corupation. | Coronary Thrombosis 1937 | | | |
| 12 PIDTIDI APP (street) Marte Co | Other Contributory Canses of Importance: | | | |
| 12. BIRTHPLACE (city or town) / / / / / (State or country) | authorities Bronchities 1022 | | | |
| 13. NAME WM Zennel | Deff. Ti | | | |
| 13. NAME WM Lennel 14. BIRTHPLACE (city or town) Monta, Co., | Name of operation Date of | | | |
| (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an au'opsy? | | | |
| 15. MAIOEN NAME Rackgal Hood | 23. If deeth was due to external causes (VIOL ENCE) fill in also the following: | | | |
| 15. MAIOEN NAME Rackeal Hood 16. BIRTHPLACE (city or town) Manuales Constitution | Accident, suicide, or homicide? | | | |
| E (State or country) | Where dld injury occur? | | | |
| 17. INFORMANT Quine Louisa Jennel | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | | |
| 18. BURIAL, CREMATION, OR REMOVAL | | | | |
| Place Sandy Spring more 28037 | Manner of injury | | | |
| 19. UNDERTAKER Lobert Laboration | 24. Was disease or injury in eny wey related to occupation of deceased? | | | |
| (Address) Popular met | If so, specify | | | |
| 20. FILEO Mara 8, 1974. S. Barnsley | (Signed) Atlan The ma med | | | |
| | If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | 1 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis _ < 1937 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| EAU V. S. | | | : | |
| Other contributory causes of importance: | | Other contributory causes of importance: | METOTE | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | A STATE OF THE STA | | |

V. S. No. 1

20. FILED Mar. 8, 1936 Whreida

| 1. PLACE OF DE | | MARYLAND— | CERTIFICATE OF DEATH 03105 |
|--|--|--|---|
| County Mont | a Go | | Registration Dist. No. 2/8 |
| Village or City | Gaithersb | urg City | NoSt.,Ward |
| Length of residence in 2. FULL NAME (a) Residence: No | mma J G | th occurredyrs,mos | No. St., ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds. St., Ward. |
| DEDCOMAL | | (Usual place of abode) | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| | | AL PARTICULARS | 21. DATE OF DEATH |
| Famale V | Thite | S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wildow | (Month) (Day) (Year) |
| 5a. If married, widowed, or of HUSBAND of (or) WIFE of | lichael G | Gartner | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, 7. AGE Years 1853 83 | day, and year) Months | opt 6th T853 If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, at |
| SAWYER, BOOK | ne, as SPINNER, KEEPER, etc | House Work | Coroctary brombour marby |
| 9. Industry or busines work was done, SAW MILL, BAN | s in which as SILK MILL, K. etc. | 11 11 | |
| 10. Dato deceased last this occupation (| worked at | 11. Total time (years) spant in this occupation | |
| 12. BIRTHPLACE (city or to | | | Other Contributory Causes of Importance: |
| 13. NAME Will | iamieywoo | 1 | |
| 13. NAME 14. BIRTHPLACE (city of (State or country) | , | nd | Name of operation Date of Was there an autopsy? |
| 15. MAIDEN NAME | 117701 | 100.1 | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 15. MAIDEN NAME 16. BIRTHPLACE (city of State or country) | r town) | J 1' | Accident, suicide, or homicide? |
| 17. INFORMANT Phomas Gartane (Address) | | | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, O | | Date Mar 9th, 37 | Manner of injury |
| 19. UNDERTAKER (Address) | up Charch | Garliney. | 24. Was disease or injury in any way relayd to occupation of deceased? 7 If so, specify |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.-The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitud nephritis 8 3987 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| CURFALI V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL S | PACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|------|-----|---------|------------|----|-----------|
|--------------|------|-----|---------|------------|----|-----------|

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 03106 |
|---|--|
| 1. PLACE OF DEATH | (W.E) |
| County Montgomery | Registration Dist. No. 2/3 |
| Village or City Manualand Dicker | No. St., Ward |
| (If Length of residence in city or town where death occurredyrsmos | death occurred in a hospital or institution, give its NAME instead of street and number) |
| let o le o | ds. How long In U.S. if of foraign birth?yrsmosds. |
| 2. FULL NAME Culture Tearl | Till |
| (a) Residence: No. Montgomery (b) M. (Usual place of abode) | St., Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| France OR DIVORCED (write the word) | J 193 7 |
| 5a. If marriad, widowad, or divorced | (Month) (Day) (Year) |
| HUSBAND of Cor) WIFE of Cord | 22. 1 HEREBY CERTIFY, That I attended deceased from |
| Orana rec | 1600- 1996 to Mas V , 1987 |
| 6. DATE OF BIRTH (month, day, and year) | I last saw here alive on June 1, 19.37; death is said |
| 7. AGE Years Months Days If LESS than I day, | to have occurred on the date stated above, at |
| ormin. | Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc | house of |
| 9. Industry or business in which | Jenne John |
| work was dona, as StLK MILL, SAW MILL, BANK, atc | |
| 70. Date deceased last worked at this occupation (month and spent in this | |
| year) occupation | Other Contributory Canses of importance: |
| 12. BIRTHPLACE (city or town) Xandann Co. Va | 1-f |
| (Stata or country) | the pertention |
| I 13. NAME Silvon Street | 1 |
| 14. BIRTHPLACE (city or town) Landown Co. Va- | Name of operation |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Lassie Lauham 16. BIRTHPLACE (city or town). Londoney Co | 23. If daath was due to external causes (VIOL ENCE) fill in also the following: |
| | Accident, suicide, or homicida? Date of Injury, 19 |
| (State or country) | Where did injury occur? |
| 17. INFORMANT Sharlie Gil | (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| (Address) Historian on all 18. BURIAL, CREMATION, OR REMOVAL | |
| Place Luslague Date March 7 10 37 | Mannar of injury |
| 26.14 - apr 1 180 00 | Nature of injury |
| 19. UNDERTAKER OULGAN GAL WALL (Addiess) On Degaring MA | 24. Was disease or injury in any way related to occupation of daceased? |
| 2/2 27 6 1 1 | If so, spacify |
| 20. FILED | (Signad) N.D. |
| Registrar. | (Address) Cherming / A |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|---|---------------|--|---------------|
| The principal cause of death and related auses of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1937 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis APR 3 1831 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | J. ly5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1 N. B.—V

| 1. PLACE OF DEATH | |
|---|--|
| County Moule our | Registration Dist. No. |
| Village or City Oliver, The | No Control of death occurred in a hospital or institution, give its NAME instead of street and number |
| Length of residence In city or town where death occurredyrsyrsyrsyrsyrsyrs | Now long in U.S. iI of foreign birth?yrsdsds. |
| (a) Residence: No. Claude Cure (Usual place of abode) | St., Ward. If u. S. Veteran, specify WAR. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Thorel (Month) (Oay) (Year) |
| 5a. if married, widowed, or divorced HUSBANO of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from march 3, 19.3.2, to march 3, 19.3.2 |
| 6. DATE OF BIRTH (month, day, and year) March 3 (93° 7. AGE Years, Months Days If LESS than | I last saw h_Stellerererererererererererererererererer |
| 8. Trade, profession, or particular | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oata of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and | Virmoleise 4mo. |
| 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation | Other Coutributery Causes of Importance: |
| 12. BIRTHPLACE (city or town) | Lent mo |
| 13. NAME William Bover | |
| 13. NAME 13. NAME 14. BIRTHPLACE (city or town) | Name of operation Done Date of |
| 15. MAIDEN NAME May 13 Vetues 16. BIRTHPLACE (city or town) (State or country) (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 17. INFORMANT Hospital records. (Address) | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Monty Co. Gen. Hospitale. 3/3 1937 | Manner ol injury |
| 19. UNDERTAKER JUBILL (Address) Sandy Spre- md. | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILEO & MALION 1830 Registrar. | (Address) David Daving, Mid |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | -4 11 | Example II | 10 |
|--|----------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis ENED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage APR 5 1937 | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance. | mr. compr. com | Other contributory causes of importance: | PER STATE |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | , p6. | | |

V. S. No. 1

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH 03108 |
|--|--|
| 1. PLACE OF DEATH | |
| County Montgomery | Registration Dist. No. 2/7. |
| Village or City Olney 1 md. | No. Mont gomery Co. gen. Totospitanto |
| | If death occurred in a hospital or institution, give its NAMÉ instead of street and number) os |
| 2. FULL NAME MIS. Mary Gover | If U. S. Veteran, specify WAR |
| (a) Residence: No. [/ar/(5 burg, mary (a | , |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Female White Married | 21. DATE OF DEATH March 1/ 193 7 |
| HUSBAND of (or) WIFE of Mr. William Gover | 22. HEREBY CERTIFY, That i attended deceased from March 1,1937, to March 1,1937 |
| DATE OF BIRTH (month, day, and year) Sept. 10, 1896 | liast saw h. E. alive on Mare 4 11, 1937; death is said |
| AGE Yaars Months Days If LESS than | to have occurred on the date stated above, et |
| 40 6 / 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc | Pulmmang Emblusin 3/1/ |
| Sawyer, Bookkeper, etc Sawyer, Bookeper, etc Sawyer, Etc Sawye | · |
| 2. BIRTHPLACE (city or town) U)est Uirginia | Other Contributory Causes of Importance: In Commele Charles well |
| 13. NAME Evuin Bittner 14. BIRTHPLACE (city or town) | framstati 4 mo 3/3/ |
| 14. BIRTHPLACE (city or town) (State or country) (A) 9.5 f (State or country) | Neme of operation Date of Date of |
| 15. MAIDEN NAME 2da mallatt | What tast confirmed diagnosis? 22. Was there an autopsy? 12. 23. If death was dua to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Ida mallatt 16. BIRTHPLACE (city or town) (State or country) West Virginia | Accident, suicide, or homicide? |
| 7. INFORMANT Hasp. records | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 8. BURIAL, CREMATION, OB REMOVAL Place Lyallalown md Dete May 14, 1937 | Menner of injury |
| 9. UNDERTAKER Warner E. Punfley (Address) Rophysle Ind | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED 3/14/ , 193, C. S. /3 arnsly | (Signed) M. I |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| | Example I | 1 | Example II | |
|---|-------------------|---------------|--|---------------|
| The principal cause of d of importance were as fo | ollows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | FERNEU | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephriti | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | APR 5 1937 | July 5,1927 | Peritonitis | 3 days ago |
| | BUREAU V. S. | | | |
| Other contributory cause | es of impurtance. | | Other contributory causes of importance: | feet and |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

BINDING

RESERVED

MARGIN

Jo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of enset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis . EIVED | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cercbral hemorrhage APR 5 1987 | July 5,1927 | Peritonitis | 3 days ago | |
| BUREAU V. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | Heren Land | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| | | | | | | |

| STATE OF MARTLAND | CERTIFICATE OF DEATH 03110 |
|--|--|
| 1. PLACE OF DEATH | 82-0) |
| County Monly only | Registration Dist. No. 223 |
| Village or City Jakoma Vark. | No. 9 Sycamman - St., Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME IN ME TOUR | If U. S. Veteran, specify WAR |
| (a) Residence: No. 9 Sycamore UK- | St., Ward. |
| / (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (aurite the word) | 21. DATE OF DEATH March 12 (c 1937 (Month) (Day) (Yaar) |
| 5a. IT massied, widowad, or sirrorded Designation of Museum Annual Contraction of the State of State o | |
| (or) WIFE of Selby Werlm from | 22. I HERE/BY CERTIFY. Thet hattendagdeceased from |
| Day clases | , 1 |
| 6. DATE OF BIRTH (month, day, and year) | I last saw h er aliva on Mar 12: -, 1987; death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 8 / ormin. | were exhallows: |
| 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. | Cerebral Temorrhage- |
| SAWYER, BOOKKEEPER, etc. | |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and | /wk-ago mar6 "37 |
| 10. Date deceased last worked at 11. Total time (years) | |
| this occupation (month and spent in this year) | |
| On Anich Por | Other Contributory Course of Amportance: |
| 12. BIRTHPLACE (city or town) Con way hwingsom of Michael (State or country) | They per amount and scale is |
| | of aniers |
| 13. NAME Frank Van Luge - 14. BIRTHPLACE (city or town) Jenesello Michegane | |
| 4 14. BIRTHPLACE (city or town) of Emuseuch Much egans | Name of operation Data of |
| (State of country) | What test confirmed diagnosis? Was there an eutopsy? |
| 16. BIRTHPLACE (city or town) Conway Annipolin Co Much | 23. If deeth was due to externel causes (VIOLENCE) fill in also tha following: |
| 6 16. BIRTHPLACE (city or town) Corway Minighm Co Kuch | Accident, suicide, or homicide? |
| State or country) | Where did Injury occur? |
| 17. INFORMANT Mis Elina Dan Slovel | (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) A Sycamor an | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Date Date 192/ | Nature of injury |
| John R Skight | 24. Was disaasa or injury in eny way related to occupation of dacaased? |
| 19. UNDERTAKED OUL S. | If so, specify |
| 4/2 1/13 27 ME & FOREM | (Signed) Laurella Chress |
| 20. FILED MOO 1 3, 19 5 PO G - NO GROSSITAT. | (Address) 705 Carroll air Jakome Parking |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 11 | Example II | | |
|--|---------------|--|---------------------------|--|
| The principal cause of death and related rauses of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage APR 3 | July 5,1927 | Peritonitis | 3 days ago | |
| BUREAU V. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| 1. PLACE OF DEA | 1 | И | | Registration Dist. No. 2 | 2. |
|---|--------------------------|----------------|--------------------------------------|---|-------------------|
| Village or City | Elney . | md | (lf | No. Moutgamey Court Gester death occurred in a horpital or institution give its NAME instead of street and s | Ward |
| Length of residence in c | ty or town where | deeth occurred | | ds. How long in U. S. if of foreign birth?yrsmc | |
| 2. FULL NAME | | | Harnes | If U. S. Veteran, specify WAR | |
| (a) Residence: No | Roce | CUsual place | of abode) | St., Ward. If nonresident give city or town and | State |
| PERSONAL AN | D STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| . 0 | n or race | | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH March (Month) (Day) | , 193.7 (Year) |
| ia. If married, widowed, or diventional HUSBAND of (or) WIFE of | orce d | | | 22. I HEREBY CERTIFY, That I attended of march 26, 1936, to March 21 | |
| 5. DATE OF BIRTH (month, da | v. end veer) | | | I lest saw h. C.M. elive on march 26, 1936 | |
| 7. AGE Years | Months | Days | If LESS than I dey, hrs. | to have occurred on the dete stated above, etm. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows: | Date of onset |
| 8. Trede, profession, or p kind of work done, SAWYER, BOOKKE! 9. Industry or business i work was done, as SAW MILL, BANK, 10. Date decessed lest wo | es SPINNER, EPER, etc | | | Ounder 6ms. | Date of onse |
| work was done, as SAW MILL, BANK, | etc | 1 | | | |
| 10 Date decessed lest wo this occupetion (mo year) | nth and | spe | ime (years) nt in this upetion | | |
| 2. BIRTHPLACE (city or town) (Stete or country) | allu | ey ma | usland. | Other Contributory Causes of importance: | |
| 13. NAME 6 ms | 40. | Harnes | G | | |
| 14. BIRTHPLACE (city or t (State or country) | own) Wal | Melevel | le | Neme of operation Date of What test confirmed diagnosis? Was there an e | |
| 15. MAIDEN NAME | ladys 2 | Incinia | Clique | 23. If death wes due to external causes (VIOL ENCE) fill in eiso the following | |
| 16. BIRTHPLACE (city or to (State or country) | own) | Page. | Co. | Accident, suicide, or homicide? Dete of Injury | , |
| 7. INFORMANT | loop. | ucai, | 43.0 | (Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PL | ACE. |
| 18. BURIAL, CREMATION, OR | REMOVAL Nalkeur | llend ha | uh 28, 19 37 | Menner of Injury | |
| 19. UNDERTAKER | enterle | Psychle Land | rey | 24. Wes disease or injury in any way releted to occupation of deceased? | |
| 20. FILED March 21. | 1937 | SBarn | sleya. Registrar. | (Signed) Saving 1 Mu | М. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 3 | Example II | | |
|---|---------------|--|---------------|--|
| The principal cause of death and related cause of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis 5 1931 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| BUREAU V. S. | -1) | | (a) (b) | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| ADDITIONAL SPACE | E FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------|-------|---------|------------|----|-----------|
|------------------|-------|---------|------------|----|-----------|

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Maril Registration Dist. No. Village or City Cluen. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred. mos. ds. How long In U.S. if of foreign birth? yrs. mos. ds. aines # 2 If U. S. Veteran, specify WAR. 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Day) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended decaesed from (or) WIFE ol march 26 1936 to march 26 march 26 1937 deeth is said 6. DATE OF BIRTH (month, day, end yeer) 7. AGE If LESS than to have occurred on the date stated above, at ______ P. m. Davs Months I dey, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or_4.5 min. Date of enset 8. Trada, prolassion, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.... OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 1D. Date dacaased last worked at 11. Total tima (years) spent in this this occupation (month and occupation ____ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or lown). (State or country) What tast confirmed diagnosis? Was there an autopsy? MOTHER 23. If death was due to externel causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVA Natura of injury 24. Wes diseasa or injury in egy way related to occupation of dacaased? If so, specify ... (Signad) 20. FILED March 27, 1937

egistrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| SURFAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| STATE OF MARYLAND- 1. PLACE OF DEATH | -CERTIFICATE OF DEATH 03113 |
|--|--|
| County Montgomen | Registration Dist. No. 214 |
| Village or City Kensusters | No. 4 Dreuda, St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| | osds. How long In U.S. iI of loreign birth?yrsmosds. |
| 2. FULL NAME Gornelia Elizabeth Ha | danly If U. S. Veteran, specify WAR |
| (a) Residence: No. 4 Decolor ST. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH Mousel (Month) (Dey) (Year) |
| 5a. II married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, Thet I attended deceased from |
| (or) WIFE OI | march 7 1937 to Merch 30 1037 |
| 6. DATE OF BIRTH (month, dey, end year) Nove 10 , 1855 | lest sew h & elive on March 29, 1937; deeth is sald |
| 7. AGE Yeers Months Days If LESS than | to heve occurred on the dete steted ebove, at 220A_m. |
| 81 5 20 I dey,hr: | The PRINCIPAL CAUSE OF DEATH end releted causes of importence |
| 8 Trade profession or perticular | were es follows: |
| kind of work done, es SPINNER, Kousekeefer | Carin any the man hase a |
| 9. Industry or business in which work was done, as SILK MILL, occor kome SAW MILL, BANK, etc. | muses dial demober so tien |
| 9 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | - Congestine Hareless 3-28-3 |
| 10. Date deceased last worked et this occupation (month and yeer) | |
| 12. BIRTHPLACE (city or town) Washington A.C. (Stete or country) | Other Contributory Causes of importance: |
| 13. NAME Thomas Thembill Kalenner | |
| 14. BIRTHPLACE (city or town) Washington | Neme of operation Dete of |
| (Stete or country) | Whet test confirmed diagnosis? Was there en eulopsy? |
| 15. MAIDEN NAME Mary Course of William 16. BIRTHPLACE (city or town). W. Mary Course of Course | 23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following: |
| 6 16. BIRTHPLACE (city or town) W asslainston | Accident, suicide, or homicide? Dete of Injury, 19 |
| (Stete or country) | Where did injury occur? |
| 17. INFORMANT Mrs. Km C. Bugeck (Dece) | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Balkiyus 1 | Menner of Injury |
| Plece and Date Party 100 | Nature of injury |
| 19. UNDERTAKER DESTRUCTION OF E (Address) 23 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 24. Was disease or injury in eny wey releted to occupetion of deceased? NO |
| 20. FILED Mar 30, 19.3.7. Margaret C. Tremlar. | (Signed) Wilking Cooch M.D. (Address) Cusingto Mol. |
| | tr, 241 z N. Charles Street, Baltimore, Requesting U.S. No. z. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example 1 | - 4 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis FCELVED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage PR 6 1937 | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | 1 | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN | |
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| 19 my Bath Ove | |
| | |

FOR BINDING

MARGIN RESERVED

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH 03114 |
|---|---|
| 1. PLACE OF DEATH | [17-a] |
| county Montso Co. | Registration Dist. No. 2/3 |
| Village or City Rockvelle, 2003 | NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Nathan B. Hebros | If U. S. Veteran, specify WAR |
| (a) Residence: No. Rockvelle, was | St Ward, |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH 3 - 15 - 100 |
| Male Colored Single | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| Vac Vac | I last saw have alive on 3 7 / 1932; death is said |
| 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at _/ Pm. |
| 2/ 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| ormin. | were es follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | tente plant frem 3/15/37 |
| 9 Industry or husiness in which | aastric ulder (alute) 3/9/37 |
| work was done, as SILK MILL, SAW MILL, BANK, etc | Ochrane alestistism 1930 |
| | 7 |
| year)ccupation | Dther Contributory Causes of importence: |
| 12. BIRTHPLACE (city or town) | |
| (State or country) | |
| 13. NAME TO AM B. Hebron 14. BIRTHPLACE (city of town). 14. BIRTHPLACE (city of town). | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Bessie-A- | 23. If death was due to externel ceuses (VIDL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| - Country | Where did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT BESSIE A HEBYOW (Address) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Placed user and Mrs. Date 2-17, 19.2 | Neture of injury |
| 19 UNDERTAKER Robert I Surousles | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Poolonelle - | 4f-eo; specify |
| 20 FILED 3-15 1937 mm. W.J. Pract | (Signed) gaithersburg , M. D. |
| Registrar. | (Address) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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| Example I | 1144 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU V. D. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroen eritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| | | | | | | |

OCCUPA-

V. S. No. 1

TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND | CERTIFICATE OF DEATH 03115 |
|---|--|
| 1. PLACE OF DEATH | CERTIFICATE OF BEATH (10111) |
| county Mantgomery | Registration Dist. No. 213 |
| Village or City Near Resident | |
| (Ir | MonSt.,Ward feath occurred in a hospital or institution, give its NAME instead of street and number) |
| 2. FULL NAME Nella May Now. (a) Residence: No. | ds. How long in U. S. if of foreign birth?dsdsds |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The married, widowed, or divorced | 21. DATE OF DEATH March (Month) (Day) (Year) |
| HUSBAND of Rey Edward Howard | 22. I HEREBY CERTIFY, That I attended decessed from 12., 19. 3.7, to March 11., 19. 3.7 |
| 6. DATE OF BIRTH (month, day, and year) March 4-1890 | I last saw he aliva on March 11 , 1937, death is said |
| 7. AGE Yaars Months Days If LESS than 1 day,hrs. | to have occurred on the data steted abova, at \$2.30 Pm. The PRINCIPAL CAUSE OF DEATH and raiated causes of Importance ware as follows: |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. | Carrinous of Samuel Date of onset 1236 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation | gartini humihaza Mass, No |
| 12. BIRTIIPLACE (city or town) - Many lund - | Other Contributory Canses of importance: |
| 13. NAME poetal I dedunand | |
| H 13. NAME setch addisond 14. BIRTHPLACE (city or town) (Stata or country) | Neme of operation Date of What test confirmed diagnosis? X - IP - Was there an aulopsy? In |
| 15. MAIDEN NAME OCLASION DE DOMES | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 15. MAIDEN NAME Octavia Seasons 16. BIRTHPLACE (city or town) (State or country) | Accident, suicida, or homicide? |
| 17. INFORMANT Od. E. Journal. (Addrass) (Averence Tod | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Noulawill Date 3/13 ,193 | Manner of injury |
| 19. UNDERTAKER (Address) (30.) Company (Address) | 24. Was disease or injury in any way related to occupation of decaased? |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Addrass)

mid.

mus.

., 193.7

20. FILED 3/12

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 03116 |
|--|--|
| 1. PLACE OF DEATH | |
| county montgomery | Registration Dist. No. 2/7 |
| Village or City My (Deney | No. St. Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) |
| 00 11.00 | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Cellanora Nawes | If U. S. Veteran, specify WAR. |
| (a) Residence: No. Oll Mull (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE, OR DIVORCED (write the word) OR DIVORCED (write the word) | 21. DATE OF DEATH MAT (4-, 193 (Year) |
| 5a.1f married, widowed, or divorced HUSBAND of | 22. 1 HEREBY CERTIFY. Thet I ettended deceesed from |
| (or) WIFE of | man 14 1937 to mel 14 1937 |
| 6. DATE OF BIRTH (month, day, and year) fan 4 /88/ | I last saw her different man 14 , 19 37; deeth is said |
| 7. AGE Yeers Months Deys If LESS than | to have occurred on the dete stated above, atm. |
| 56 2 9 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows: |
| 8. Trede, profession, or particular kind of work done, as SPINNER. | Date of onest |
| kind of work done, es SPINNER, hold | Coronary occlusion 9/14/37 |
| work wes dona, as SILK MILL, Nome | |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceesed lest worked et this occupation (month end yeer) | |
| mant co | Other Contributory Causes of importence: |
| 12. BIRTHPLACE (city or town) (State or country) Md | I ractured antice I due to 1/6/4 |
| 13. NAME Jas & Stowes - | ascidental fall, owf. R. |
| 13. NAME Jas 6 Sprues 14. BIRTHPLACE (city or town). Month | Neme of operation Dete of |
| (State or country) | What test confirmed diegnosis? Lycaninellog. Was there an autopsy? AD |
| IS. MAIDEN NAME Taille Drugen - | 23. If deeth wes due to external causes (VIOLENCE) fill In elso the following: |
| 16. BIRTHPLACE (city or town) 2001 (State or country) | Accident, suicide, or homicide? Accident. Deta of injury Jan 4, 1937 |
| (Stete or country) | Where did injury occur? 2000 Consty Montgone County Manysonds |
| 17. INFORMANT Grace James | Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Grankenille Ma | tor har homes |
| Place Marson Larred on Date March (6.193) | Menner of injury - Accessoratal fall. |
| Proce Dal. | Neture of injury tractural models. |
| 19. UNDERTAKER LATING AND LONG MAG | 24. Wes disease or injury in eny way related to occupation of deceesed? 200 |
| 20. FILED 3-15- 1937- C. S. Mannetty Registrar. | (Signed) Oraso Mubleson M. D. (Address) Quide Spring 23 A |
| | 2411 N. Charles Street, Baltimore, Reguesting V. D. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | [| Example II | |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| PAUV. | | | |
| Other contributory causes of importance: | 11. | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

WRITE PLAINLY, WACH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state of OCCUPA. Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED TION is very important. WRITE PLA

V. S. No. 1

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| STATE OF MARYLAND— | CERTIFICATE OF DEATH 03117 |
|---|--|
| 1. PLACE OF DEATH | - Go CR |
| County Dontgarery | Registration Dist. No. |
| Village or City Joksma Park | Navashi, natton Suntay, un 94 Hose Ward death occurred in a horpital of institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurredyrsmos. | |
| 2. FULL NAME M.SS Purtle Trace | If U.S. Veteran specify WAR |
| (a) Residence: No. 529 15th S. F. (Usual place of abode) | St., Ward. Wash notes. D. C. If nonresident gife city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Single Married, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH March 2, 7 193.7 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBANO of (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from |
| (DATE OF BUTTO () | lest saw h. 2V elive on Way & 7 1937 death le sald |
| 6. DATE OF BERTH (month, day, end yeer) Sept 29, 1873 7. AGE Yeers Months Oays If LESS then | I lest saw h_27 elive on |
| 5 98 1day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of Importance |
| 8. Trade, profession, or particular | were as follows: Date of onset |
| kind of work done, as SPINNER, Howse Work SAWYER, BOOKKEEPER, etc. Howse Work 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc. Howse | Carcinoma of lungs 1936 |
| O 10. Date deceased last worked et this occupation (month and year) spant in this socupation. | |
| 12. BIRTHPLACE (city or town) Petaysbarg (Stete or country) | Other Coutributory Causes of Importance: |
| I 13. NAME Edward Inde | Julean 1935 |
| 14. BIRTHPLACE (city or town) | Neme of operation Dete of |
| (State of Country) | Whet test confirmed diegnosis? Wes there an autopsy? |
| 15. MAIDEN NAME 1 Lattie William Son | 23. If death was due to external ceuses (VIOLENCE) filt in also the following: |
| 15. MAIOEN NAME YOUTH WILLIAMS ON 16. BIRTHPLACE (city or town) | Accident, sulcide, or homicide? |
| (State or country) | Where did Injury occur? |
| 17. INFORMANTAL AS PAINT TON SANITAVILLEN DECON | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manage of Latina. |
| Place Wash Dete Mar 27, 19 37 | Menner of Injury |
| 19. UNDERTAKER IV. Lee Some (Address) 300 - 4 - N Elmahas | 24. Wes disease or Injury In any way releted to occupation of deceased? |
| 20. FILEO Mar 27, 137 J. E. Rogers Resistrar. | (Signed) Carrier T. Getterron M. O. (Address) Calegrana Fark m. |
| | 1411 N. Charles Street, Ballimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis APR 5 1931 | 1921 | Run over by street car | 1 wcek ago |
| Cerebral hemorrhage BUREAU V. S. | July 5,1927 | Peritonitis | 3 days ago |
| BUKUK | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

certificate.

See instructions on back of

TION is very important.

B.-WRITE PLAINLY,

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| County No. 10 Registration Dist: No. 3/2 Village or City Durant State S | 1. PLACE OF DEATH | MARYLAND— | CERTIFICATE OF DEATH 3497 | |
|--|---|---|--|----------|
| Length of residence of a horizon where death occurred. (a) Residence: No. (Usual piece of a hook) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIE WIDOWED, OR DUNORCED (write the word) (Total piece of a hook) 12. DATE OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH 23. SEX 4. COLOR OR RACE 5. SINCLE, MARRIE WIDOWED, OR DUNORCED (write the word) (Total to the word) (Total to the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trede, profession, or perficular MRR. SAWYER, BODKKEFER, etc. 10. Determine the word of the dete stated above, at | | Slu " | R+D# Sigherson Wd & W | ard |
| 3. If merried, widowed, or divorced HUSBAND of Copy NHE of Copy NH | 2. FULL NAME 100 | th occurred yrs mos Typetus Sicherson | ds. How long in U.S. If of foreign birth? yrs. mos. mos. mos. when the land was a long to t | _ds. |
| Sa. If married, widowed, or divorced HUSBAID (By) 193. The profession, or perticular wind does as SPINNER, SAMPER, BOUNKEEPER, etc. 9. Industry or business in which Sayer or busines | PERSONAL AND STATISTIC | AL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | _ |
| HUSBAND of (or) WIFE of 5. DATE OF BIRTH (month, day, and year) 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days H LESS than 1 day, hrs. or min. 1 day, hrs. or min. 8. Trade, profession, or particular m. Tha PRINCIPAL CAUSE OF DEATH and related couses of importence were as follows: Date of eases of lines S SPHINER, SANYER, BODKKEPER, etc., 9. Industry or business in which work was done, as SILK MILL, S. Industry or business in which work was done, as SILK MILL, S. Industry or business in which work was done, as SILK MILL, S. Industry or business in which work was done, as SILK MILL, S. Industry or business in which work was done, as SILK MILL, S. Industry or business in which work was done, as SILK MILL, S. Industry or business in which work was done, as SILK MILL, S. Industry or business in which work was done, as SILK MILL, S. Industry or business in which work was done, as SILK MILL, S. Industry or business in which work was done, as SILK MILL, S. Industry or business in this occupation (month and year) 12. BIRTHPLACE (city or town). Must grant in this occupation. (State or country) Whet test confirmed diagnosis? West here an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Must grant gra | M Huli | | 3 30 193 7 | |
| 7. AGE Years Months Deys I LESS than 1 day | HUSBAND of | | 22. HERIEBY CERTIFY, That I attanded decessed for | rom |
| 7. AGE Years Months Deys I LESS than 1 day | 6. DATE OF BIRTH (month, day, and year) | ral 30 137 | I last saw h alive on 19 ; death is s | aid said |
| B. Trede, profession, or perticular kind of work done, est SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, est SILK MILL, SAWYER, BODKKEPER, etc. 10. Date deceased last worked at the secupation (month and yaer) 12. BIRTHPLACE (city or town) And your tension of the secupation (month and yaer) 13. NAME AND NAME AND | | 1 day,hrs. | to heve occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Deta of. Whet test confirmed diegnosis? Wes there an aulopsy? 23. If death wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Deta of. Whet test confirmed diegnosis? Accident, suicide, or homicide? Deta of. Spacify city or town, country and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 18. Or Spacify Manner of injury Nature of injury 19. UNDERTAKER (Address) | SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | spent in this | Premature Berth) Infant 451/2 ms prespionery | sot |
| Whet test confirmed diegnosis? West there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, country and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place On Public Place (Address) 19. UNDERTAKER (Address) | | entes ma | Other Contributory Camees of importance: | |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Dete Maid Dete Maid Solution Dete Maid Solution Dete Maid Solution 23. If death wes due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury (Specify city or town, country and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER (Address) 18. Was disease or injury in any wey related to occupetion of deceased? 18. Specify (Address) 19. UNDERTAKER (Address) | 13. NAME 13. NAME 14. BIRTHPLACE (city or town) 9 4 4 4 (State or country) | Hers and | | |
| 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place On Dete 18. Dete 18 | 16. BIRTHPLACE (city or town) Keiper | Crist- - Hi ja | 23. If death wes dua to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? | |
| Place On Provided Dete March 30 , 1937. 19. UNDERTAKER Parent Control of the Con | (Address) Decresson | ist | (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| (Address) Q 1 A - Legistra II so, specify (Signed) | 6 1 | Dete March 30 , 1937 | | |
| | (Address) | with freffers | If so, specify | 4 D |

Registrar.

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|--|---------------|--|---------------|
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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gostroenteritis | 1 year |
| | | | <i>A</i> . |
| ** | | | |

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH (131) | 18 |
|--|--|-----------|
| 1. PLACE OF DEATH | | |
| County Montg | Registration Dist. No. 2/2 | |
| Village or City War bickerson | NoSt. | Ward |
| 7 | death occurred in a hospital or institution, give its NAME instead of street and number) | • |
| B . 11 | ds. How long in U.S. if of foreign blrth?yrs,mos | ds. |
| 2. FULL NAME Junes / Warth | y fours | |
| (a) Residence: No. (Usual place of abode) | St/ Ward. | |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH | |
| OR DIVORCED (write the word) | March 11 193" | 7 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Ye | ear) |
| HUSBAND of Cory WIFE of Many Must | 22. I HEREBY CERTIFY, That I attended decease | ed from |
| 11+12 10/04 | no physicion in attordor | 16 |
| 6. DATE OF BIRTH (month, day, and year) | I last saw h; death | h is sald |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, atm. | |
| 7 9 1/ ormin. | Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | ofonset |
| Trada, profession, or particular kind of work dona, as SPINNER | went bleofolie m | an |
| kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and | prisoning 11/ | 137 |
| work was done, as SILK MILL, SAW MILL, BANK, etc | "chers of allohol" | |
| 10. Data deceased last worked at this occupation (month and 2/11/2 7 spant in this | | |
| year) Offige occupation Occupation | Other Coutributory Causes of importanca: | |
| 12. BIRTHPLACE (city or town) Nor Nepuspu | Other Countractory Causes of Importances. | |
| (State or country) | | |
| 13. NAME Sews Wickerson 14. BIRTHPLACE (city or town) Refar Dickerson | | |
| 14. BIRTHPLACE (city or town) Refar Department | Name of operation Date of | |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? | ? |
| 15. MAIDEN NAME Pulle fitters 16. BIRTHPLACE (city or town) Pull graburg | 23. If death was due to external causes (VIOL ENCE) fill in also the following: | |
| o 16. BIRTHPLACE (city or town) has gusting | Accident, suicide, or homicide? Date of injury, 19 | 9 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) | |
| 17. INFORMANT | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. | |
| (Addrass) (Addra | | |
| Place Barusull may 3/15 ,37 | Manner of injury | |
| 10 13 11 1 + | Nature of injury | |
| 19. UNDERTAKER W | 24. Was disease or injury in any way related to occupation of deceased? | |
| (Address) Harner 1 | If so, specify | |
| 20, FILED 19 Registrar. | (Signed) W M | M. D |
| Acgistrat. | " (nulless) | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Date of onset | 771 | |
|---------------|--|---|
| | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 weck ago |
| 1921 | Run over by street car | 1 wcek ago |
| July 5,1927 | Peritonitis | 3 days ago |
| الا | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1921 uly 5,1927 | 1921 Run over by street car uly 5,1927 Peritonitis Other contributory causes of importance: |

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Morel Registration Dist. No. County How long in U.S. if of foreign birth? vrs. mos. Length of residence in city or town where death occurred statement If U. S. Veteran, specify WAR If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIEO, WIDOWED. OR OIVORCEO (write the word) BINDING 5a. If married, widowed, er-diverse HILSBAND of EBY CERTIFY. That I ettanded deceased from (or) WIFE of · death is said 6. OATE OF BIRTH (month, day, and year) If LESS than Years Months Davs re coourred on the date stated above, at ______m 7. AGE 1 dey, ____hrs. or____min. Date of onse 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION RESERVED may 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) 10. Oate daceased last worked at this occupation (month and spent in this occupation. Other Contributory Causes of importance: 12. BIRTHPLACE (city or town MARGIN Ja (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town in plain (State or country) Wes there en eutopsy? Whet test confirmed diagnosis? efully MOTHER 15. MAIDEN NAME 23. If death was due to axternal causes (VIOLENCE) filt in also the following: 16. BIRTHPLACE (city or town) (State or country Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL CAUSI Nature of Injury. 24. Was disease or injury in env way related to occupation of decaased? 19. UNDERTAKER (Address) If so, specify If more blanks are needed haddress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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| Example I | | Example II | | |
|--|---------------|--|------------|--|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: | | |
| Arteriosclerosis TE Communication of the Communicat | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage NIAY 5 1931 | July5,1927 | Peritonitis | 3 days ago | |
| BUREAU V. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 03120 |
|--|---|
| 1. PLACE OF DEATH | |
| county Montgomery | Registration Dist. No. 223 |
| Village or City Ta Koma Park Md. | No. Washington Sanitarium + Nospital Ward |
| (If Length of residence In city or town where death occurredyrs,mos. | denth occurred in n hospital or institution, give its NAME instead of street and number) |
| | |
| (a) Residence: No. 1959 "H"ST. N.E. | St. Ward. Washington D.C. |
| (a) Residence: No. 1959 # St. N.E. (Usual place of abode) | st., Ward. Washington, O.C. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male Jewish 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH March Month (Pay) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | VAR. |
| (or) WIFE of Mrs Anne Krooler | 22. I HEREBY CERTIFY, That I attended decassed from March 3 |
| 6. DATE OF BIRTH (month, day, and year) Sept. 15, 1883. | I last saw him alive on March 13 1937; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| 5.3 3- 26 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| Z S Trade, profession, or particular kind of work done as SPINNER | Data of one of |
| kind of work dona, as SPINNER, Watch maker SAWYER, BDDKKEEPER, atc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and | Olignas Thinkon Mail |
| Work was done, as SILK MILL, Own Shob | 6 Nemestyra |
| 11. Total time (years) this occupation (month and spent in this occupation) | J. (J |
| this occupation (month and Feb. 1937 spent in this 30 475. | Other Contribute Control Impartment |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of Importance: |
| (State or country) | Chlerraphrolie degenera ? |
| 14. BIRTHPLACE (city or town) Russia | um 7 Veouls () |
| 14. BIRTHPLACE (city or town) | Nama of operation |
| | What test confirmed diagnosis? Was there an autopsy? M.O. |
| E . | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| O 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of injury, 19 |
| 17. INFORMANT W. 2 Saw. Peconos. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Johanna Ranko Ma | Manage of Injury |
| Place Wash. D. B. Date Max 14, 19.37 | Nature of Injury |
| 19. UNDERTAKER B. Dangenty | 24. Was disease or injury in any way related to occupation of decoased? |
| (Address) 3 201 - 14 - 10 7. W. | If so, specify |
| 20. FILED Max/13, 19.3 7 % & Togers Registrar. | (Signed) M. D. (Address) Spaghing ling Sanutariu |
| The many blanks are model address State British | N. Clarks . P. St. P. St. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Perilonitis | 3 days ago |
| | | The same of the sa | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis R. I. | 1 year |
| | | 0 4037 | |
| | | 4.3 | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY | SICIA | 11 |
|--|-------|----|
|--|-------|----|

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH 03121 |
|--|--|
| 1. PLACE OF DEATH | 930 |
| County Boulganice. | Registration Dist. No. 2/3 |
| Village or City Dreat Prehvelly | No. St Ward |
| | If death occurred in a horpital or institution, give its NAME instead of street and number) |
| Langth of rasidence in city or town where death dccurredyrsm | osds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Joseph 1. To an | is clowys U.S. Veteran, specify WAR |
| (a) Residence: No. Somety Home - Jean Ro | choole Ward. |
| (Usual place of allode) | urtonsille, Mil nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| A COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word) | 21. DATE OF DEATH |
| Thurs Wichowed | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. BEREBY CERTIFY, That I attended deceased from |
| (d) me di accordina | October 1836 to march 1 1937 |
| 6. DATE OF BIRTH (month, day, and year) May 3-1856 | I last saw har aliva on H. J. B. 1937; death is said |
| 7. AGE Years Months Days II LESS than | to have occurred on the data stated abova, at 5.30 pm. |
| 80 9 0 36 1 day,hrs | Water an Gillame. |
| 8. Trada profession or particular | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceasad last worked at this corruption (years) | Semil artenactions 5 1935 |
| 9. Industry or business in which work was done, as SILK MILL, | manditio |
| SAW MILL, BANK, etc | - |
| this occupation (month and spent in this occupation year) | |
| 11.:-: ? | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) Urguna (State or country) | - Comment of the comm |
| | - Durmie Investes Toumley 1986 |
| = Contractor | animia |
| 14. BIRTHPLACE (bity or town) Y Ore Sund (Stata on gountry) | Nama of operation Date of Date |
| | What tast confirmed diagnosis? Muga Afaire Was there an autopsylle |
| E CONTRACTOR | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| O 16. BIRTHPLACE (city or town) | Accidant, suicida, or homicida? |
| D. O. J. J. J. | Where did Injury occur? (Specify aity or town, county and State) |
| 17. INFORMANT Herords at Jounly Hour | Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL CREMATION, OR REMOVAL | Manner of injury |
| Place outy Home- In Joek Date Mar 2, 1937 | Nature of Injury |
| 1 1 1 0 1 00 10 11 | |
| 19. UNDERTAKER W. M. Jeustin Verschuley (Address) & Par 10 and 0 a 764 D | 24. Was disease or injury In any way related to occupation of deceased? |
| 3/2/34 | If so, spacify (Signed) |
| 20. FILED 19 Mus. W. J. Drall Registrar. | (Signed) A Charles M. D. (Address) A Charles M. D. |
| | , 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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| Example I | _ 1 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage . HEALIV | July 5,1927 | Peritonitis | 3 days ago | |
| (transport of the control of the con | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

V. S. No. 1 N. B.—V

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH 03122 |) |
|--|--|---------|
| 1. PLACE OF DEATH | - MAR (B) | |
| County Mont gamery | Registration Dist. No. | 2 |
| Village or City Tillsons Park Med | No. Washington San & Washintol | _Ward |
| | (If death occurred in a hospital or institution, give its NAME instead of street and number) | |
| 2. FULL NAME Miss Henevieve L. | If U.S. Veteran apecify WAR | |
| (a) Residence: No. 360 Connecticut ave (Usual place of abode) | 4 | / |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH March (Month) (Day) (You | ear) |
| 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended decease much 18, 19 37, to March 17, 19 | |
| 6. DATE OF BIRTH (month, day, end yeer) May 24-1890 | I last saw h_ev_alive on March 16 , 19.37; death | is seid |
| 7. AGE Years Months Days If LESS than 1 day,hrs | to have occurred on the date steted abovo, et 5 4 m. | |
| 96 9 21 ormin. | THE PRINCIPAL CAUSE OF DEATH and related causes of importance | ofonset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. | Chronic henotitis Va | 7 |
| Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and | Sur | anuu |
| 10. Date deceased last worked et this occupation (month end year) | | |
| 12. BIRTHPLACE (city or town) Washington, 19.0 (State or country) | | clu/3 |
| 13. NAME Mr. William Ste man Rea | | 737 |
| 13. NAME WW. William Serve fee 14. BIRTHPLACE (city or town) (Stete or country) | Name of operation Date of | Mes |
| 15. MAIDEN NAME LOUIS CAMALE | What test confirmed diegnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: | 1 |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | A 14-14 1-14 1-14 1-14 1-14 1-14 1-14 1- |) |
| 17. INFORMANT Hosp Paconds (Address) | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Wash. O. C. Date Mar 19, 1937 | Manner of injury | |
| 19. UNDERTAKER Jose Gaulan's Sono (Address) 1756 and are how | 24. Was disease or injury in any way related to occupation of deceased? No- | / |
| 20. FILED Mar 17, 1937 HER Registras. | (Signed) Jamuse Me Bageaux (Address) 5600 N. H. A.R. M. F. | M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset | |
| Chronic interstitial apphritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage APR | July 5, 1927 | Peritonitis | 3 days ago | |
| BUREAU V. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| STATE C | F MAR | YLAND- | CERTIFICATE OF DEATH 0315 | 23 | | |
|---|----------------|--------------------|---|------------|--|--|
| 1. PLACE OF DEATH | | | | | | |
| County Moutgoner | 4 | | Registration Dist. No. 217 | | | |
| Village or City Cliney | mar | slaved | No. Moutgamer Co. Sey, Horapeto | Ward | | |
| | 6 | | f death occurred in a horistal or institution, give its NAME instead of street and number | | | |
| Length of residence In city or town where c | leath occurred | yrsmos | sds. How long In U.S. if of foreign birth?yrsmos | ds | | |
| 2. FULL NAME Will Fo | - · | Luris | U. S. Veteran, specify WAR | | | |
| (a) Residence: No. Juli | (Usual place | maryl of shode | Ward. If nonresident give city or town and State | | | |
| PERSONAL AND STATIST | | | MEDICAL CERTIFICATE OF DEATH | | | |
| 3. SEX 4. COLOR OR RACE | | RRIED, WIDOWED, | 21. DATE OF DEATH | | | |
| Female white. | OR DIVORCE | D (write the word) | march (Month) (Day) (193) | 1 | | |
| 5e. If merried, widowed, or divorced | | Ď. | | Year) | | |
| HUSBAND of (or) WIFE of | | | 22. I HEREBY CERTIFY, Thet I attended decease | | | |
| 52 | rarch 1 | 19 10 49 | 19, to, 1 | | | |
| 6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Years Months | Days | If LESS than | i lest saw h elive on | (U 12 29) | | |
| | | I dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | | | |
| 8. Trade, profession, or perticuler | | | were es follows: | a of onset | | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | | | Stell form full Come | | | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | _ | | | | | |
| SAW MILL, BANK, atc | II Total | time (yaars) | Creor undetrument | | | |
| this occupetion (month end yaer) | spe | ent in this | | | | |
| Pose | | | Other Contributory Causes of Importance: | | | |
| 12. BIRTHPLACE (city or town) (Steta or country) | ma | uland | | | | |
| Elmand 13. NAME m. Elmand | Lun | Res | | | | |
| 13. NAME 7m. Elmand | etore | | Neme of operation Date of | | | |
| (State of country) | md | | Whet test confirmed diagnosis? Was there an aulops | y? 126 | | |
| 15. MAIDEN NAME Tries Elga 16. BIRTHPLACE (city or town) | with Ll | urall | 23. If deeth was due to external couses (VIOL ENCE) fill in also the following: | | | |
| 16. BIRTHPLACE (city or town) | Burtons | wille | Accident, suicida, or homicide? Dete of Injury, | 19 | | |
| (State or country) | | | Where did Injury occur? | | | |
| 17. INFORMANT | usids. | | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | | |
| (Address) 18. BURIAL, CREMATION, OR REMOVAL | 1 | 4 | | | | |
| Place / Wo 3ALTS Com | Tipate 3/ | 18 1932 | Manner of Injury | | | |
| (1) 1 A | 11- |) / | Neture of injury | | | |
| 19. UNDERTAKER (Address) | Gulle | | 24. Wes diseese or injury in eny way related to occupation of decaesed? | | | |
| 20. FILED MAY / 2 1937. C. | & Barr | 1 | (Signed) | M I | | |
| 20. FILED | Journa | Periotras | (Address) Sandy Spines m | 1 | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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| Example I | T. 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 100 5 1937 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | L |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| | | | | | | |

| | Registration | n Dist. No | 218 |
|--|-----------------------|--|----------------------|
| No. (City) | | st | Ward |
| death occurred in a horbital or institution death occurred in a horbital or institution. As the second of the seco | tion, give its NA! | AE instead of street | and number) |
| 200 | i iotoign bitti: | yrs | mosas. |
| Dec. | | | Participants |
| St., Ward. | If named de | nt give city or town | V |
| MEDICAL C | and the second second | | |
| 21. DATE OF DEATH | | 2 OF BEAT | |
| | 3 | 19 | 193.7 |
| | (Month) | (Day) | (Tear) |
| 22. I HEREBY | CERTII | Y. That I atte | nded daceased from |
| Dec /7: | 1937., to. | nach ! | 9 1937 |
| I last saw h alive on | nauch | 19: 19 | 7; daeth is sald |
| to have occurred on the data stata | d above, at/ | Pm. | |
| The PRINCIPAL CAUSE OF DEAT | | | |
| myrcarda | Consus | freue | Date of onset |
| · General and | mal de | Ceroses | 11925 |
| Cerebral & | whole | m | 3/12/27 |
| | | | 11/91 |
| | | | |
| Other Contributory Causes of Impo | ortance: | | - |
| mutal reg | urgo | olesu | |
| //// | | | |
| | | | |
| Name of operation | 4 | Date | of |
| What test confirmed diagnosis? | | Was there | an autopsy? |
| 23. If daath wes due to external cau | ses (VIOLENCE) | fill in also the foll | owing: |
| Accident, suicide, or homicide? | | Date of injury | , 19 |
| Where did injury occur? | | | |
| Specify whethar injury occurred in | (Specify city in I | or town, county and IOME, or in PUBLI | d State) C PLACE. |
| Mennar of Injury | | | |
| Nature of Injury | | | |
| 24. Was disaasa or injury in any wa | ay related to occu | pation of dacaased | 740. |
| If so, specify Laborer | | resp. in | place look |

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| Example I | | Example II | |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage . | July 5,1927 | Peritonitis | 3 days ago |
| *************************************** | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH

should state item of infor-

stated EXACTLY. PHYSICIANS

properly classified.

UNFADING INK-THIS IS A PERMANENT RE

AGE should be

supplied.

mation should be carefully

CAUSE OF DEATH in plain terms, so that it may

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA.

| 1. PLACE OF DEATH | | (122 8) |
|--|--|--|
| County Maulgas | nery | Registration Dist. No. |
| Village or City | 1 1/ | ND. Moutq. Co. Gereeal St., stateward f death occurred in a horgital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| 00. | بالمالية المالية | |
| 2. FULL NAME CUCC | all cellane of | If U. S. Veteran, specify WAR |
| (a) Residence: No. | (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATIS | | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Male Colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH March (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 0 | |
| (or) WIFE of | | 22. I HEREBY CERTIFY, That I attended deceased from march 17 1957 to March 18 1932 |
| | march 9, 1937 | |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months | Days If LESS than | to have occurred on the data steted abova, at . ? |
| | 4 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance |
| 8. Trade, profession, or particular | | wera as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc | Lufant | Introlina Obshuelan |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc | | |
| 1D. Date deceased last worked at this occupation (month and yaar) | 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (city or town) Class (State or country) | naseus ' | Other Contributory Causes of Importance: |
| 1 | Lilian | Pest |
| E | ages | (ah. 7 - 2 - 10 3 n |
| 14. BIRTHPLACE (city or town) | mauland | Name of operation Dete of |
| 15. MAIDEN NAME Lase | 8:000 | // |
| H | 70000 | 23. If daeth wes due to axternel ceuses (VIDLENCE) fill In also the following: Accident, suicide, or homicide? |
| f6. BIRTHPLACE (city or town) | ma. | Where did injury occur? |
| 17. INFORMANT 240-20. | reads. | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, DR REMOVAL) | genbato March 181937 | Manner of Injury |
| 19. UNDERTAKER TO ME (Address) | wide | 24. Was disease or injury In any way related to occupation of daceased? |
| 20. FILED MAL \$9, 1937. C. | & Bausly Registrar. | (Signed) M. D. (Addrass) Sandy Shows Med |
| If n | | , 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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|--|---------------|--|---------------|--|
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| Chronic interstitial nephritis 193 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | 1 00000 | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 03196 |
|---|--|
| 1. PLACE OF DEATH | (10) |
| County Many garnery | Registration Dist. No. 211 |
| Village or City Lew is Dale | No. St., Ward |
| Length of residence in city or town whare death occurredyrsmos | death occurred in a horpital or institution, give its NAME instead of street and number) .qds. How long in U. S. if of foreign birth? |
| 2. FULL NAME TOUS CASE & DARIOS | 1.1 |
| (a) Residence: No. | Ng AU |
| (Usual place of abode) | Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (wirte the word) | 21, DATE OF DEATH Warely (Month) 7 (Vear) |
| 5a. If married, widowed, or divorceds HUSBAND of | 22. 1 HEREBY CERTIFY, That I attended deceased from |
| (or) WIFE of Church | wave 1 1927 to March 7 1927 |
| 6. DATE OF BIRTH (month, day, and year) 7. 1937 | I last saw h. 44 aliva on 44444 |
| 7. AGE Years Months Days If LESS then | to have occurred on the date steted above, etm. |
| 2 0 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca were as follows: |
| 8. Trade, profassion, or perticular kind of work done, as SPINNER. | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9 Industry or business in which | May & Munding |
| work was done, as SILK MILL, SAW MILL, BANK, etc | 8/ |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this occupation) | 1/37 |
| 1 0 02 | Other Contributory Causes of importence: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| II 13. NAME CLAME WELL | A |
| 13. NAME CUSCO 14. BIRTHPLACE (city or town) | Name of operation. |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Mothe mas Harrey | 23. If daath was due to external causas (VIOL ENCE) fill In also the following: |
| 15. MAIDEN NAME Notte mar House | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) | Where did injury occur? |
| 17. INFORMANT ———————————————————————————————————— | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Hyaltis from Jul Date Mrs 8 1937 | Manner of injury |
| 19. UNDERTAKER Brucelle & Hilton | Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? |
| 20. FILED MM 8 19 3 7 WE Lewis | (Signed) M. D. |
| Registrar. | (Address) Frederica |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| | 15 4 4000 | | 3,45 | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 03127 |
|---|---|
| 1. PLACE OF DEATH | 131 |
| county Montgomery | Registration Dist. No. 3/3 |
| Village or City near Barnesville | NoSt.,Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds, |
| 1 201 | |
| 2. FULL NAME Serexa / filberry | If U. S. Veteran, specify WAR. |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| female Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rugite the word) | 21. DATE OF DEATH Man, 1/2, 193 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moak Milberry | 22. I HEREBY CERTIFY, That f attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) 1894? | f last saw h alive on, 19; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, atm. |
| 43? 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | I Smal thes women |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) | an Mar. 11- 37. She |
| 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 23 | Was uncontions |
| | Other Coutributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | The died us horged |
| 13. NAME Lewis Watkens | Causifulin canse |
| 13. NAME Levis Wattens 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State or country) Maryland | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME unknown | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? |
| 17. INFORMANT Take Millerry (Address) | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Mt. Ephiciam, Marte McCh. 14, 1937 | Manner of injury |
| 19. UNDERTAKER W. B. Selton (Address) Banks wille me | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED MCh 1 4, 1937 my C C 1 li Lore Registrar. | (Signed) M. D. (Address) M. D. |
| If more blanks and model address State Province | N Chalassan Balina Barra St. S. N. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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|--|---------------|--|---------------|--|
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| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| Other contributory causes of impost the | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

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| STATE OF | MARY | AND—CERTIFICATE | OF | DEATH |
|----------|------|-----------------|----|-------|

| 1 | 1) | 1 | 63 | 0 |
|----|----|---|----|---|
| () | 0 | 1 | 4 | 0 |

| 1. PLACE OF DEATH | (31) |
|--|--|
| County Montgomery | Registration Dist. No. 2// |
| Village or City Cedyn Litera | NoSt., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Learge Thiles | If U. S. Veteran, specify WAR |
| 0. 10 0 | |
| (a) Residence: No. Of the Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Musch 6, 193 7 (Month) (Oay) (Year) |
| 5a. If married, widowad, or divorced HUSBANO of | Was Committee of the Co |
| (or) WIFE of Jama & Miles | 22. I HEREBY CERTIFY. That i attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Och. 9, 1852 | Hast saw ham alive on March 6 ,1937; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, atm. |
| 84 4 27 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 2 Trade profession or particular | Chronic Interstitut Rephrilis Date of onest |
| kind of work dona, as SPINNER/ teltured Murchant SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and | Couch of the fore 7 mos |
| - 1 / S cons occupation (month and) S X / Spent in this 3 . | Courtes of |
| year) occupation occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) Oedan Jrove (State or country) | artelio Delerosio Exhan |
| | |
| I 13. NAME Edward Trules | |
| 13. NAME Educated Prices 14. BIRTHPLACE (city or town) Monly Co (State or country) Mid | Name of operation |
| (State of County) | What test confirmed diagnosis? Was there an aulopsy? |
| I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicida, or homicide? Date of injury, 19 |
| Para Marie | Where did injury occur? |
| 17. INFORMANT / A A A Chadore . Va. | Specify whether injury occurred in INOUSTRY, in HOME, or in Public PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL OF THE STATE OF THE STA | Manner of injury |
| Place Output Can Can Joace There of 1937 | Nature of Injury. |
| 19. UNDERTAKER & B. Beall Ine. | 24. Was disease or injury in any way related to occupation of deceased? 720 |
| (Addiess) Dumaseus, ma | If so, specify |
| 20. FILEO MAN. 8, 1937 Della W. Burdette | (Signad) League M. D. (Address Damasers Miss |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 wcek ago |
| Ccrebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| * | | |
|---|--|------------------|
| | | The state of the |
| | | 6, |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimge, Requesting U. S. No. 1.

state

| - | PEACE OF BEATH | | | 107-0 |
|------------|--|---------------------------------|-----------------------------|--|
| | County Management | | | |
| | Village or City he | Tup dans | | ND. death occurred in a hospital or institu |
| | Length of residence In city or town where | death occurred | yrs. 9 mos. | |
| 2 | FULL NAME MARY | | MONF | If U. S. Veteran. |
| / | (a) Residence: Np. | 7 | | St., Ward. |
| | (a) Residence. No. | (Usual place of | abode) | Suy |
| | PERSONAL AND STATIST | ICAL PARTIC | ULARS | MEDICAL C |
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRI OR DIVORCED | (write the word) | 21. DATE OF DEATH |
| 1 | marriad, widowed, or divorced dusband of or wife of | - Tha | and . | 22, I HEREBY |
| 7 | C/ CCC/400 CCC |) | | March 22, |
| 6. DA | TE OF BIRTH (month, day, and year) | unkn | noun | I last saw h. aliva on |
| 7. AG | Years Months | Days | If LESS than 1 day,hrs. | to have occurred on the data state |
| Ul | 10Ul 80 1 - | | ormin. | The PRINCIPAL CAUSE OF DEAT were as follows: |
| Z | 8. Trade, profassion, or particular kind of work done, as SPINNER, | barre | 121 | 1. Inoughborn |
| Ĕ | SAWYER, BOOKKEEPER, atc | ت مندن | vy | Gameraliza. |
| 3 | work was done, as SILK MILL, SAW MILL, BANK, atc | | | Samely |
| OCCUPATION | O. Data daceased last worked at | 11. Total tim | ie (yaars) | |
| | this occupation (month and year) | | in this ation | |
| 12. BI | RTHPLACE (city or town) | 0 | -/- | Other Contributory Causes of impo |
| | (Stata or country) | aryva | ma. | |
| 표 1 | 3. NAME | 0 | | |
| FATHER | 4. BIRTHPLACE (city or town) | nano | nun | Name of operation |
| - 1 | (State or country) | | | What test confirmed diagnosis? |
| MOTHER | 5. MAIDEN NAME | 0 | | 23. If death was due to extelled cau |
| 5 1 | 6. BIRTHPLACE (city or town) | Lano | un | Accidant, suicida, or homicide? |
| Σ | (Stata or country) | | | Whare did Injury occur? |
| 17. IN | FORMANT August | monr | ed and | Specify whether injury occurred to |
| 18. BL | IRIAL, CREMATION, OR REMOVAL | | | Mannar of Injury |
| | Place USamusmily | Date Cha | 129,1937 | Nature of Injury |
| 10 114 | IDEPTAKED Exmest | 10 940 | rtnes | 24. Was disease or injury in any w |
| 13, 01 | (Address) | therrbu | ra ma. | If so, specify |
| 20 51 | max 38 , 37 17. | lla OVI | Blunditt | (Signed) Mu |
| | Place Usamusvelly NDERTAKER & roust (Address) | Lo Sa La W | rtner ra ma. Burditte | Nature of Injury 24. Was disease or injury In any If so, specify |

If nonresident give city or town and State ERTIFICATE OF DEATH CERTIFY. That I attanded deceased from ----- Was there an autopsy ses (VIOLENCE) fill In also the following: (Specify city of town, county and State)

Registration Dist. No.

ion, give its NAME instead of street and number)

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example I | | Example II | | |
|--|---|---------------|--|---------------|--|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | ASCEIVED | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial neg | phritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | APR 7 1937 | July 5,1927 | Peritonitis | 3 days ago | |
| | MUREAU V. S. | | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | \mathbf{BY} | PHYSICIAN |
|----------------------|---------|------------|---------------|-----------|
|----------------------|---------|------------|---------------|-----------|

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 03130 |
|--|---|
| 1. PLACE OF DEATH | |
| County Montsoner | Registration Dist. No. 3/2 |
| Village or City VI IIA A BIS - II - | |
| b/ (If | NOStWard death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred LP_yrs,mos | ds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME J. Meholes Mo | nrad If U. S. Veteran, specify WAR |
| (a) Residence: No | St., Ward. |
| (Usual place of abode) | If uonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word) | 21. DATE OF DEATH 3 - 9 - 7 |
| 111 married | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, Thet I attended deceased from |
| (or) WIFE of Mary Mourad | 10-25 1936 to 3-9-1937 |
| 6. DATE OF BIRTH (month, day, and yeer) 1 3 - 1861 | I lest saw home elive on 3-6-, 1932; death is said |
| 7. AGE Years Months Days If LESS than | to heve occurred on the date steted above, et 6m. |
| 75 3 16 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were es follows: |
| 8 Trade profession or perticular | Date of onest |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. | Cancer of Stomach 10/25/36 |
| Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc 10. Dete deceesed last worked et this occupation (month end | 1 + 4 - 10: |
| work wes done, as SILK MILL SAW MILL, BANK, etc | Shelaslases who every |
| spent in this . | toxels. |
| yaar) occupation | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) - Thank and | |
| (Steta or country) | |
| 14. BIRTHPLAGE (city or town) | |
| 14. BIRTHALAGE (city or town) | Name of operation Date of |
| (State-of country) | What test confirmed diegnosis? Was there en eutopsy? |
| 15. MAIDEN NAME May College 16. BIRTHPLACE (city or town) | 23. If deeth wes due to external causes (VIOLENCE) fill in elso the following: |
| | Accident, suicide, or homicide? Date of Injury, 19 |
| State or country) | Where did Injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Queins Morral | Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| (Address) Leitherstrug | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Day Gaille Dele 3/1/ 1937 | Menner of injury |
| Place Dete 0/1/, 1937 | Nature of Injury. |
| 19. UNDERTAKER US S A SILOU | 24. Wes disease or injury In any wey related to occupetion of deceesed? |
| (Address) Burnesullo Ma | If so, specify |
| 20. FILED Mch 12, 1937Mrs. CC Stellow 1 | (Signed) , M, D. |
| Registrar. | (Address) gauchersburg, 49 |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ano Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

| 2 ds. How long in U.S. if of foreign birth?yrsmosds. |
|--|
| If U.S. Veteran specify WAR. |
| St., Ward. Washington D. C. V. If honoresident give city or town and State |
| MEDICAL CERTIFICATE OF DEATH |
| 21. DATE OF DEATH (Month) (Day) (Year) |
| 1 HEREBY CERTIFY. That I attended deceased from March 2b., 1937, to March 28, 1937. I last saw h. Ex. alive on March 27, 1937; death is said to have occurred on the date stated above, et 43 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: New moccocic Meningth's Date of onset to be a superior of the community of the communi |
| Other Contributor Causes of importance Silver plate 1920? |
| Name of operation Date of What test confirmed diagnosis to rate ry Cutturms there an autopsy? No |
| 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? |
| Manner of injury |
| 24. Was disease or injury in any way related to occupation of deceased? 10 o If so, specify (Signed) (Address) (Address) |

V. S. No. 1

-WRITE

m

MOTHER

15. MAIOEN NAME

17. INFORMANT Washing (Addrass)

(Address)

16. BIRTHPLACE (city or town). (State or country)

18. BURIAL CREMATION OR REMOVAL

TION is very important.

CAUSE OF DEATH

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| Example I | | Example II | |
|--|---------------|--|---------------------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUDDAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SI | PACE | FOR | FURTHER | STATEMENTS | \mathbf{BY} | PHYSICIAN |
|---------------|------|-----|---------|------------|---------------|-----------|
|---------------|------|-----|---------|------------|---------------|-----------|

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPA-AD. Every item of infor-TUNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, W.

MARGIN RESERVED FOR BINDING

| STATE OF MARYLAND— | CERTIFICATE OF DEATH . (1) | 1134 |
|--|---|---------------|
| 1. PLACE OF DEATH | 948 | |
| County Monta | Registration Dist. No. 21 | 8 |
| Village or City Hathurburg. | No. Caty St., death occurred in a porpital or institution, give its NAME instead of street and no | Ward |
| Length of residence in city or town where death occurredmos. | ds. Howlong In U.S. if of foreign birth?yrsmos | ds |
| 2. FULL NAME Dermon Hick al | cholson | |
| (a) Residence: No. Sarthus 9200 | St., Ward. | |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH | olate |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH UST 13 | 193. 7 |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Shelson | 22. I HEREBY CERTIFY. That Lattended d | 0.00 |
| 5. DATE OF BIRTH (month, day, and year) June 25, 1858 | I last saw h. m. alive on | |
| AGE Years Months Days If LESS than | to have occurred on the date stated above, at1143Am. | |
| 79 9 10 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onsei |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | Coronary Combolin | Xuel |
| kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 12. BIRTHPLACE (city or town) Carksburg (State or country) | Other Contributory Causes of importance: | Doct |
| | | 7,000 |
| 13. NAME James high-lassy | Name of operation Date of | |
| (State of country) | What test confirmed diagnosis? Was there an au | opsy? |
| 15. MAIDEN NAME Elizabeth andrew | 23. If death was due to externel ceuses (VIOLENCE) fill in also the following: | |
| 15. MAIDEN NAME Elizabeth Andrew 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of injury | , 19 |
| 7. INFORMANT nay hichology | Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA | CE. |
| (Address) 8. BURIAL, CREMATION, OR REMOVAL Place Ledan Survey and Date March 1957 | Manner of injury | |
| 19. UNDERTAKER WM Reuben worthing. (Address) Rockwiller band. | 24. Was disease or injury in any way related to occupation of deceased? | 20 |
| 20. FILED Mar. 15, 1937 aberla & Gooke Registrar. | (Signed) 4 Modernia (Address) Garcheria | M. I |

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| Example I | I | Example II | |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gollstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

03133

| 1. PLACE OF DEATH | | | |
|--|----------------------------|---|------------------|
| County Moula | | Registration Dist. No. 2/ | 7 |
| Village or City Daney | | No. Montgowers St., death occurred in a horpital or institution, give its NAME instead of street and Ods. How long in U.S. if of foreign birth? yrs | |
| Langth of rasidence in city of town whara meath occurred | mos. | as. How long in U.S. If of foreign birth? yrsm | osas. |
| 2. FULL NAME Still borus | Office | If U. S. Veteran, specify WAR | |
| (a) Residence: No. (Usual place of abo | 1.7 | St., Ward. If nonresident give city or town and | State |
| PERSONAL AND STATISTICAL PARTICUL | | MEDICAL CERTIFICATE OF DEATH | State |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED. | WIDOWED, | 21. DATE OF DEATH | |
| male while or hivorced 58. If married, widowed, or divorced | ice the word) | March 22 (Month) (Day) | , 193 (Year) |
| HUSBAND of (or) WIFE of | | 22. I HEREBY CERTIFY, That I attended. | dacassad from |
| 6. DATE OF BIRTH (month, day, and year) March 22. 7. AGE Years Months Days 1 d | 1937 If LESS than lay,hrs. | to have occurred on the date stated above at | _; death is said |
| 2 Trade profession or particular | min. | wera as follows: | Date of oneet |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | | Stillbares | |
| 9. Industry or business In which | 192119 | | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | | | |
| 10. Data decasad last worked at this occupation (month and yaar) | his | | - |
| ne osopans | 1-0-0-0-00- | Other Contributory Causes of importanca: | |
| 12. BIRTHPLACE (city or town) (State or country) | | | - |
| - Jean | 1.11. | | |
| I wanter markens | Tur ! | Nama of operation Data of | |
| 14. BIRTHPLACE (city or town) | | | |
| | lanna | What test confirmed diagnosis? | |
| I again Certa Ac | accord C | 23. If daath was due to axternal causes (VIOLENCE) fill in also the following Accident, suicida, or homicide? | • |
| 16. BIRTHPLACE (city or town) | | Where did injury occur? | , 19 |
| 17. INFORMANT Edward W. Office (Address) | et- | (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL | te) ACE, |
| 18. BURIAL, CREMATION, OR REMOVAL Place A TERROTIC Luminostern Data March | 23,1937 | Manner of injury | |
| 19. UNDERTAKER Was Reyben Tungthey (Address) och olde had | <i>j</i> | 24. Wes disease or injury In any way related to occupation of decaased? | |
| 20. FILED Mar 23, 1937 . S Barrely | Registrar. | (Signed) Address) Controlly | M. D |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1937 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| *I REAU | | 100 | 2 C44 12 |
| Other contributory causes of importance: | | Other contributory causes of importance: | 111111111 |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. N. B.-WRITE PLAINEY, V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH ()3134 |
|--|--|
| 1. PLACE OF DEATH | 82-20 |
| County Mon19 | Registration Dist. No. 3/6 |
| Village or City & FTh & Couly time in County | No. 7232 Wisconsis Assert St., War If death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where teath occurred yrs me | sds. How long In U.S. if of foreign birth?yrsmos,d |
| (a) Residence: No. 7.232 Wis AVE | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Widowed | 21. DATE OF DEATH Hack 6 193 7 (Month) (Day) (Year) |
| 5e. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, That I attended decesed fro |
| (or) WIFE of L. P. OLD reld | January 2 4,1937, to march 5, 1937 |
| 6. DATE OF BIRTH (month, day, and year) March . 25 . 1861. | I last saw h expletive on march 5, 1937; death is sai |
| 7. AGE Yaers Months Days If LESS than | to have occurred on the date stated abova, at 42,5 m. |
| 76 11 9. 1 day,hrs. | were as follows. |
| 8. Trade, profession, or particular kind of work done, es SPINNER. House wile SAWYER, BOOKKEPPER, etc. | arterio - sobrosis 1933 |
| 9. Industry or business in which | * |
| work was done, as SILK MILL, Own house | Cerebral Non As 1 23-1- |
| - Spant in this | The minus and to 6 |
| 12. BIRTHPLACE (city or town) MAYYLAND. | Other Coatribatory Causes of Importance; |
| (State or country) | - |
| 13. NAME JOHN. R. AGLL 14. BIRTHPLACE (city or town) MAY Y LAND | |
| 14. BIRTHPLACE (city or town) MAY Y LAND | Name of oparation Oate of |
| (Stata or country) | What tast confirmed diagnosis? Was there an autopsy?_/ |
| 15. MAIDEN NAME MAYY. E VILEY | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 15. MAIDEN NAME MAYY. E WILEY 16. BIRTHPLACE (city or town) MAYYLAN (L (State or country) | Accidant, suicide, or homicida? |
| (State of Country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT MYS FANNIE TAY NEY (Addrass) 72.2 Wys and - Britisala | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, DR REMOVAL Belanda Mar 8, 1939 | Manner of injury |
| 19. UNDERTAKER WM. REULEN PUMPHYEY. | 24. Was diseasa or injury in any way related to occupation of dacaasad? |
| 20. FILED 3 - 8 , 1937 B. C. Perry M. Registrar. | (Signad) Jenses M. (Address) Restained Mary Const |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Explanation special transfer description from the second special transfer or special t | | | |
| Other contributory causes of importance: | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

| | STATE OF MARYLAND— | CERTIFICATE OF DEATH 03135 |
|--------------|--|---|
| | 1. PLACE OF DEATH | 93-2 |
| | county Moulgoniery | Registration Dist. No. 2/3 |
| 1 | Village or City Moultook | NoSt.,Ward |
| 1 | Length of residence in city artown where death occurredyrsmos. | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| | | n = l |
| | (a) Pacidance: No Mary Cong Po- + 5 Packwell | |
| | (a) Residence: No. / My Wosts 17-Th / The Country (Usual place of abodd) | St., Ward. If nonresident give city or town and State |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3. SEX 4. COLOR OR RACE While 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married | 21. DATE OF DEATH March 31 193 T |
| ŀ | 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, Thet I attended deceased from |
| | (or) WIFE of Margaret allows Meale | much 3/ ,1837, to March 3/ ,1937. |
| re. | 6. DATE OF BIRTH (month, day, and year) DEC 4-1843, | I last saw bear alive on |
| fica | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| certificate | 07 3 \alpha / ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| of c | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | helde condine attack 2 |
| | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Sidelle courans occhisca 31 19 |
| back | SAW MILL, BANK, etc. | |
| no : | 10. Date deceased last worked at this occupation (month and year) | |
| instructions | ma. land | Other Contributory Causes of importance: |
| nct | 12. BIRTHPLACE (city or town) (State or country) | Chang muras liter 102: |
| nstr | 13. NAME Isaac Oncale | arteriores |
| See i | 14. BIRTHPLACE (cily or town) Mouley Co-mol | Neme of operation 22 mc Date of |
| Ñ | (State or country) | What test confirmed diagnosis? Diego life Was there an autopsylle |
| int. | 15. MAIDEN NAME Mary Wish | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| important. | 16. BIRTHPLACE (city or town) Mouley (State or country) | Accident, suicide, or homicide? |
| imp | (State or country) Many land | Where did Injury occur? (Specify city of town, county and State) |
| very | 17. INFORMANT CAUCHE TO CHARLES MAN (Address) Moulows - R + D Pockagely Max | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| . ve | 18. BURIAL CREMATION, OR REMOVAL | Manner of injury |
| Z is | Place Volume Date Upv. 2, 1937 | Nature of Injury |
| TION | 19. UNDERTAKER WM. Bruben Punthing | 24. Was disease or injury In eny wey related to occupation of deceased? |
| 1 | (Address) Po chvelle med | If so, specify |
| | 20. FILED Pral 2 , 1937 mis. N. J. Prece | (Signed) — — Frankfluert M. D. |
| | Registrar. | (Address) A attivities |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis A B-1007 | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

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item of infor-

pluods

OCCUPA-

Jo

(Stete or country)

17. INFORMANT

(Address)

(Address)

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | (0.70) |
| MIN County Monte omery | Registration Dist. No. 223 |
| Village or City Istoma Part | No. Washington Santarium & Hassital Ward death occurred in a hospitator institution, give its NAME instead of street and number) |
| Langth of residenca in city or town where deeth occurredyrsmos | sds. How long in U.S. if of foreign birth?3mosds. |
| 2. FULL NAME My Roland Read | If U. S. Veleran, specify WAR |
| (a) Residence: No. B25 - Forest Drive (Usual place of abode) | St., Ward. duatts wille (nd. |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married Married | 21. DATE OF DEATH (May ch (Month) (Day) (Yeer) |
| 5a. If merried, widowed, or divorced HUSBAND of (or) WHFE-of Mrs Hluirla Read. | 22. HEREBY CERTIFY. That I ettended deceased from 19.37, to February 28, 1937. |
| 6. DATE OF BIRTH (month, day, end year) June 2 - 189 | I last saw him. alive on Feburary 18 ,1932; deeth is said |
| 7. AGE Yaers Months Days If LESS then 1 dey,hrs. | to heve occurred on the date stated above, et 2 03 Q.m. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows: |
| 8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. arbenter 9. Industry or business in which work wes dona, as SILK MILL | Formers 2/24/22 |
| A Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc. | |

OCCUPATION work we SAW MI 10. Date deceased last worked et 11. Totel time (years) spent in this this occupation (month end occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (Stata or country) nal and FATHER 13. NAME 9 14. BIRTHPLACE (city or town). Name of operation (Stete or country) zna land MOTHER 15. MAIDEN NAME 23. If death wes due to external ceuses (VIOLENCE) fill a also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

Registrar.

24. Was disease or injury in any way releted to occupetion of deceased

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If so, specify (Signed)

Where did injury occur? ___.

Manner of Injury

Nature of injury

(Address)

(Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example F | | Example II | - Propries |
|---|---------------|--|---------------|
| The principal cause of death and related can of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1937 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BUREAU V. | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| -4. | AN SW | |
|-----|-------|--|
| | 37 74 | |
| 41 | 1.3 | |

PHYSICIANS should state H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be TION is very important.

MARGIN RESERVED FOR BINDING

| STATE OF MARTLAND | CERTIFICATE OF DEATH 03137 |
|--|--|
| 1. PLACE OF DEATH | 93-2 |
| county (Montgomery | Registration Dist. No. 223 |
| Village or City Jacoma Park | No. Davis Hue St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Miss Maubelle Robo | ins. If U.S. Veteran specify WAR. |
| (a) Residence: No. Davis Huch (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5e. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of | 1 HEREBY CERTIFY, Thet I attended deceased from 1 February 23 1937 to March 30 1937 |
| Ma 20-1973 | Hebiarary 23, 1937, to Haren 20, 1937 Hest saw h LY alive on Maysh 30, 1937; death is said |
| 6. DATE OF BIRTH (month, day, end yeer) (1Q 29-1935) 7. AGE Yeers Months Days If LESS than | to heve occurred on the dete stated above, at 1045 h.m. |
| 1 2 10 1 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 2 Trade antiquian as particular | were as follows: |
| 6. Freds, profession, or pertural kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | (1011) |
| 9. Industry or business in which | Wesp Carella al |
| work was done, as SILK MILL, SAW MILL, BANK, etc | Occorde 3/1/ |
| A Preces, profession, or pertuctions kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete decessed last worked et this occupation (month and year) | July 2000 11/18 |
| 100 | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) YYO X Q Q M TO W M | |
| The state of the s | - Druncho-Phlumona 2/23/ |
| 13. NAME Strawn M. Robbins 14. BIRTHPLACE (city or town) Conpels wille | Mental alficelucy 1945 |
| 14. BIRTHPLACE (city or town) Chres | Name of operation Defe of |
| (Siete of Country) Pennsylvania | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Cakie Christner. 16. BIRTHPLACE (city or town) Connels ville | 23. If death was due to external causes (VIOLENCE) fill in elso the following: |
| 5 16. BIRTHPLACE (city or town) Chanels ville | Accident, suicide, or homicide? Date of injury, 19 |
| E (State or country) Pennsylvania | Where dld injury occur? |
| 17. INFORMANT Strawn W. Rubbing Father (Address) Davis Ave. Takoma Park md. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| Place Machington New X Date Spril 2, 1937 | Neture of injury |
| 19. UNDERTAKER III 16 Chambers Co. | 24. Wes diseese or injury in eny way releted to occupation of decesed? |
| 20. FILED Mar 31, 19.37 %. 6 Rogers Registrar. | (Signed) GCM T Pallersum, D. (Address) Tallersum, D. |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|---|----------------|--|---------------|--|
| The principal cause of death and related cause of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage APR 5 1937 | July 5,1927 | Peritonitis | 3 days ago | |
| SUPEAU V. S. | | | | |
| Other contributory causes of importance: | 10 10 10 10 10 | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | 00100 |
| County Montgomery | Registration Dist. No. 2/6 |
| Village or City. Bettles de: | No. 15 Love Och Drive St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME SHANER A.D. | If U. S. Veteran, specify WAR \mathcal{H} |
| (a) Residence: No. 15 - Jone Cak Onic | St. Ward. |
| (Usual place of abode) | If nonsesident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Male White OR DIVORCED (write the word) | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (a) WHO OF Margaret Virginia Spaner | 22. March 17 19 37to March 23 19 37 |
| 6. DATE OF BIRTH (month, day, and year) Shrif 11/1854 | Hest saw h we elive on March 22, 193 7 death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 230 p.m. |
| 82 // 12 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: |
| 8. Trade profession or particular | Phronishy ocardetis; duration Datasionsot |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and | e arteria Schrosistant ? |
| Industry or business in which work was done, as SILK MILL, | The Property of the Park of th |
| SAW MILL, BANK, etc. | Physician only son deceased during boat. |
| | week of like. |
| year) occupation | Other Contributory Canses of importance: |
| 12. BIRTHPLACE (city or town) Alephordown | |
| (Stete or country) | ` |
| 13. NAME 14. BIRTHPLACE (city or town) (State or country) | |
| 14. BIRTHPLACE (city or town) | Name of operation |
| (State of County) | Whet test confirmed diegnosis? — |
| 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOLENCE) fill in also tha following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury |
| E (State or country) | Where did injury occur? |
| 17. INFORMANT Mrs. Specta E. Typich | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) 15 - Jone Oak Dorking - October | 1 - |
| 18. BURIAL, CREMATION, OR REMOVAL | Menner of Injury |
| Place Washington D. C. Date March 23, 1936 | Nature of injury |
| 19. UNDERTAKER It. H. Chambers Co. | 24. Was disease or injury in any wey related to occupation of deceased? |
| (Address) 517-112 St. 56 Hask. D.C. | If so, specify |
| 20. FILED 3-23, 1937 B. C. Perry, M.D. | (Signed) Laure T. O'Courell M. D. |
| Registrar. | (Address) 4422 Walkeyer ave |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. J. No. Y. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example 1 | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis - VED | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage APR 3 1937 | July 5,1927 | Peritonitis | 3 days ago | |
| BUREAU V. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | (53.6) |
| County // Longon by | Registration Dist. No. |
| Village or City 6 heart 6 that | No. 7011 Mclaring Road St., Ward death occurred in a horpital or insightion, give its NAME instead of street and number) |
| Length of residence in city of town where deeth occurredyrsmos. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Mr. Slovia Buth Sis | If U. S. Veteran, specify WAR |
| (a) Residence: No. 7011 - Orling Bond (Usual place of abode) | St., Claward, Close Manyland If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 sex 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH March (Month) (Oay) (Year) |
| 5a. It married, widowed, or divorced HUSBAND of (or) WIFE of Jame C Sinnigen | 22. THEREBY CERTIFY, That I ettended deceased from |
| 1-1-1804 | Hast saw h 12 alive on march 7, 19 37; death is said |
| 6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 3:35Am. |
| 53 2 6 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | 0 1 2 |
| 9. Industry or business in which | Lignistosasema |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | Primary seat of Lynghonsoneona; Un- |
| 10. Date deceased last worked at this occupation (month and year) | Lenous se so sutopay was held. no forther |
| 12. BIRTHPLACE (city or town) Mar Trederichsburg (State or country) | Other Contributory Causes of Importance: langor motion, Cluft R. Probables duration - Thepassimately , me years |
| II 13. NAME Variel 6. French | |
| 13. NAME Varuel G. Trench 14. BIRTHPLACE (city or town) (State or country) | Name of operation |
| | 23. If death was due to external causes (VIOLENCE) fill in elso the following: |
| 15. MAIDEN NAME Osephure Caruthers 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| (State or county) | Where did injury occur? |
| 17. INFORMANT C. Jungely (Address) 701/ Polling Collins | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Peday / 41 / Date 3 - 10 190 | Nature of injury |
| 19. UNDERTAKER OF GOWLEY Sons (Address) 7.5 6 P. Que, n. W. | 24. Wes disease or injury in any way releted to occupation of deceased? |
| 20. FILEO 3-5 -, 19 37 formast, long of Registrar. | (Signed) Michael M. Treiney M. D. (Address) 5420 Conn an |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Washington |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| DEAU V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE | FOR FURTHER | STATEMENTS | \mathbf{BY} | PHYSICIAN |
|------------------|-------------|------------|---------------|-----------|
|------------------|-------------|------------|---------------|-----------|

| 1. PLACE OF DEATH County Montg Co | | | Registration Dist. No. 21 | 8 |
|--|----------------|---|---|----------------------|
| Village or City-Redland- | | | NoSt., | Ward |
| | | | f death occurred in a hospital or institution, give its NAME instead of street and nuitds. How long in U.S. if of foreign birth?yrsmos. | |
| | | nia Stup. | | |
| Z. FOLL NAME Redia | - | (City) | | |
| (a) Residence: No. | (UsuaIpla | ce of abode) | St., Ward. If nonresident give city or town and Si | late |
| PERSONAL AND STATIS | | | MEDICAL CERTIFICATE OF DEATH | |
| Female White | | ARRIED, WIDOWED, | 21. DATE OF DEATH 3 23 (Month) (Oay) | 3 7 193 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | | | | |
| (or) WIFE of | shua St | sup | 22. I HEREBY CERTIFY, That I attended de | |
| | T 30 | TO 4.0 | Mar 15 ,1937, 10 Mar 23 | |
| | Jan 10 | I848 | I last saw he alive on 222, 19.3.2; | deeth Is said |
| 7. AGE Years Months 1848 89 2 | Oays | If LESS than 1 dey,hrs. | to have occurred on the date stated above, at7 am _m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance | |
| 1040 09 2 | 13 | ormin. | | Oate of onset |
| 8. Trade, profession, or particular kind of work done, es SPINNER, | House | Wife | 1 - 0 - 0 | |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc | House | | acute Labor Freumonia | Mas 15% |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | | | | |
| 10. Date deceased last worked et this occupation (month and year) | 11 11 11. Tota | I time (years) pant in this caupation | | |
| | | C.apotton | Other Coutributory Causes of Importance: | |
| 12. BIRTHPLACE (city or town) | yland | | - | |
| | 030300 0 30 | | | |
| # 13. NAME Samuel Zimm | erman | | | |
| 14. BIRTHPLACE (city or town) Md | | | Name of operation | |
| (State of Country) | reenwald | | What test confirmed diagnosis? Thycreal Startes there an au | opsy?_Ze |
| 15. MAIOEN NAME SUSAN GI | reenware | 4 | 23. If death was due to external causes (VIOL ENCE) fill in also the following: | |
| 0 16. BIRTHPLACE (city or town) | | | Accident, suicide, or homicide? Date of injury | , 19 |
| ≤ (State or country) | | | Where did injury occur? (Specify city or rown, county and State) | |
| 17. INFORMANT Harry D Str | ip, Derw | rood Wd | Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC | |
| 18. BURIAL, CREMATION, OR REMOVAL | | | Manner of injury | |
| Place Mt Olivet F | rederick | , Mar 201931 | Nature of injury | |
| 19 UNGERTAKER TOWN | Ganta | | 24. Was disease or injury In eny way related to occupation of deceesed? | 200 |
| 19. UNOERTAKER EPHOST (Address) | | | If so, specify | |
| Gal | thersbur | g Md | (Signed) Vamon It Dyrace | M. D |
| 20. FILEO/Mar 2.3., 1987. | 2 | Nort Registrar | (Address) Law tows willy med | |

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

ż

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example.L | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis MAY 6 3000 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage RIPEAUV. | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| ADDITIONAL SPACE FOI | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
|----------------------|---------|------------|----|-----------|

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 03141 |
|--|---|
| 1. PLACE OF DEATH | |
| County Montgomen | Registration Dist. No. 214 |
| Village or City Silver offering | NoSt,Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) 2 ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Many Sulvester | If U. S. Veteran, specify WAR |
| (a) Residence: No. Bucke, Busines | St Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write) the word) Manuel | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Edwin 3. Sylvester | 22. I HEREBY CERTIFY, That I attended deceased from March 29 1937 to March 2 1 1937 |
| 6. DATE OF BIRTH (month, day, end year) Och. 26. 1874 | I last saw h |
| 7. AGE Years Months Days If LESS than | to heve occurred on the date steted above, at _5Pm. |
| 62 3 4 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end spent in this spent in this spent in this | Inabeles mellition 1924 |
| 9. Industry or business in which work was done, as SILK MILL, | |
| SAW MILL, BANK, etc | |
| this occupation (month end spent in this year) | |
| Cleveland | Other Coutributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) (Stete or country) | Cardial Stay |
| 13. NAME Frank manhora | |
| 13. NAME Frank Members 14. BIRTHPLACE (city or town) Jews | Name of operation |
| (State of country) | What test confirmed diegnosis? Wes there an eutopsy? |
| 15. MAIOEN NAME ?? 16. BIRTHPLACE (city or town) | 23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following: |
| 16, BIRTHPLACE (city or town) | Accident, suicide, or homicide? Dete of Injury19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Carry Schley Dre, Brathey | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION OR REMOVAL | Manner of Injury |
| Piece Quality Sate (1) | Nature of injury |
| 19. UNDERTANCE Charles St. S. Mark. NO. | 24. Was disease or injury in eny way related to occupetion of deceased? If so, specify |
| 20. FILEDWAR 38 , 1937 2 5 Louden & Resistrar. | (Signed) M. O. (Address) 8 9 0 2 Coles and R. O. |
| If more blanks are needed laddress vate Registrar. | 2411 N. Charles Street, Baltimore, Requesting 7) 5 0 100 15 100 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | li | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis MAY 5 1937 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| BUREAU V. S. | 3.1 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | TWO TENEDS | |

occui

FATHER

MOTHER

SAW MILL. BANK, etc 10. Date deceased last worked et

this occupation (month end

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

17. INFORMANT _

19. UNDERTAKER

(Address) 18. BURIAL, CREMATION.

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country)

(State or country)

STATE OF MARYLAND—CERTIFICATE OF DEATH

(If death occurred in a

if LESS than

1 day,____hrs.

or min.

11. Total time (years)

mchu.

mo

spant in this

| los | (| | | 4- 40 7 | | |
|-------------------------------|--------------|--------------|------------|---------|-------|------|
| | Regist | ration Dist | . No | 223 |) | |
| shingt horpital or institu | evo | Sau NAME ins | tead of st | St. Man | mber) | Vard |
| long in U.S. in | f foreign bl | rth? | yrs | mo | s | ds. |
| . Veteran ape | cify WAR | | | , | * | |

If nonresident give city or town and State

Date of enset

| ZI. DATE OF DEATH | | ch | 20 | 193 7 |
|-------------------|-----|---------|--------------------|-----------------|
| | | (Month) | (Day) | (Year) |
| 22. | MON | CERTI | FY. That I attende | ed daceased fro |

MEDICAL CERTIFICATE OF DEATH

to have occurred on the date stated above, at 11:0 P.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

| Other | Contributory | Causes of | Importance: |
|-------|--------------|-----------|-------------|
| Utner | Contributory | Causes Of | importance: |

| 0 - 0 - 1/ | | |
|-----------------------|---------|------|
| There Pardial degluer | alia | 19 |
| mys lardial degluer | | 3/10 |
| | | 0.00 |
| Name of operation | Date of | |

What test confirmed diagnosis?_____ Was there an autopsy?__

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?_____ Date of injury_____

Where did injury occur?.. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

if so, specify.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Ä,

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| _ | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 \\\ 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

| N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. |
|---|--|--|--|
| N. B.—WRITE PLAINLY, | mation should be car | CAUSE OF DEATH | TION is very imports |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 03143 | 3 |
|---|---|---------|
| 1. PLACE OF PEATH | 131 | |
| County Manygometry | Registration Dist. No. 2/6 | |
| Village or City Jakett Ps. | No.5 4 Meaverly us. st. | Ward |
| / | death occurred in a hospital or institution, give its NAME instead of street and number) | |
| Length of residence in city or town where death occurred | ds. How long in U.S. if of foreign birth? (4.0_yrsmos | as. |
| 2. FULL NAME Margare Consult 2 | ususon | |
| (a) Residence: No.3 4 Wilsus Place of abode) | St., Ward. If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH 30 | 7 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Ye | ear) |
| (or) WIFE of Jobest Lhomson | 22. 24 HEREBY CERTIFY, That I attended decease 1976, to March 30, 19 | d from |
| 6. DATE OF BIRTH (month, day, and year) Level 13 1853 | Hast saw h.M. alive on Warch 28, 1937; death | Is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 4. 50 m. | |
| 86 9 17 1day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as 1 lows: | fonset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | | 33- |
| SAWYER, BOOKKEEPER, etc | Morare Mysterking 193 | 3.4. |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (city or town) Scotland | Other Contributory Canada of importance: | nels n |
| (State or country) | traerica / 19 | 27 |
| 13. NAME Lames except | J. J. | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of | |
| (State of country) | What test confirmed diagnosis? Was there an au'opsy | ho |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOL ENCE) fill in also the following: | |
| TO 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 | 9 |
| E (State or country) | Where did injury occur?(Specify city or town, county and State) | |
| 17. INFORMANT aved the case (Address) 5 4 Whosely the | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury | |
| Place Mashingler 1 Date March 34, 1937 | Nature of injury | |
| 19. UNDERTAKER S. ODI, ODIques Co. | 24. Was disease or injury in any way related to occupation of deceased? — Recommendation of deceased? | , |
| (Address) 2901-14 St. n.w. | If so, specify | |
| 20. FILED Mar. 30-, 1937 Thomas & Comas Registrar. | (Signed Mark Denes am Wank De | M. D. |

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example 1 | | Example II | | |
|--|---------------|--|---------------|--|
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| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| APR 9 1937 | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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19. UNOERTAKER (Addrass)

| w p worm pr IV w HINEADING INK THIS IS A PERMANENT RE. (D. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | |
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| STATE OF | MARYLAND- | CERTIFICATE OF DEATH 03144 |
|--|--|--|
| County Montgarne Village or City Kensungs Length of residence in city or town where dae 2. FULL NAME Zasta Z | th occurred 21 yrs mos and a Holma and | Registration Dist. No. 2 14 No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| | (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTIC | AL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5 | SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrigh the word) | 21. DATE OF DEATH March (Month) (Day) (Yeer) |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Hogy of Accuse 6. DATE OF BIRTH (month, day, and yeer) | June 1816 | 22. I HEREBY CERTIFY, Thet i ettended dacaased from March 23, 1937, to March 31, 1937; death is said |
| 7. AGE Years Months 2 | Days If LESS than 1 day, hrs. or min. | to have occurred on the date stated above, at 5:2012 m. The PRINCIPAL CAUSE OF DEATH and related causes of importence ware as follows: Oute of onset 3-23-3 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | 11. Total time (years) spent in this occupation 3 | |
| 12. BIRTHPLACE (city or town) (State or country) (State or country) | g . | Other Contributory Causes of Importance: |
| 13. NAME Lerry Dole 3 14. BIRTHPLACE (city or town) (Stata or country) Rentere | k. | Neme of operation |
| 15. MAIDEN NAMER Jueca Cat 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) | aulk mile R.O. | 23. If daath was due to axternel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INBUSTRY, in HOME, or in PUBLIC PLACE. |

Local Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

If so, specify

(Signed)

24. Wes disease or injury in any way related to occupation of dacaesed?__

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis I E E E E E E | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage APR R 1937 | July 5, 1927 | Perilonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | 12.3 |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
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| | CERTIFICATE OF DEATH 03145 |
|--|--|
| 1. PLACE OF DEATH | 2 |
| County Moulgomery | Registration Dist. No. |
| Village or City Ollicey Sold | Who & Nonle Co. Geril Haspital Ward |
| | f death occurred in a hospital or infitution, give its NAME instead of street and number) sds. How long In U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME Stillborn Baly Wal | Ocen If U. S. Veteran, specify WAR |
| (a) Residence: No | St., Ward. May Way |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of | |
| (or) WIFE of | 22. I HEREBY CERTIFY. That I attended deceased from |
| - 1 G | S # . 000 |
| 6. DATE OF BIRTH (month, day, and year) Marele 8 1937 7. AGE Yeers Months Days If LESS than | |
| The state of the s | THE TRINCIPAL CAUSE OF DEATH and leighed causes of importance |
| 8 Trade/profession or particular | Oate of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and | |
| 9. Industry or business In which | Promoter Di |
| work was done, es SILK MILL, SAW MILL, BANK, etc | |
| 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of Importence: |
| (State or country) manufaced | (mh) |
| I 13. NAME CORRELE CO alkers | |
| 14. BIRTHPLACE (city or town) Olivey (State or country) | Neme of operation Neme Of operation Dete of Dete of |
| (State or country) Malyleud | What test confirmed diagnosis? Louis Turn Was there an eutopsy? No |
| 15. MAIDEN NAME Lelian Carte | 23. If death wes due to external causes (VIOLENCE) fill in elso the following: |
| 15. MAIDEN NAME California 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury19 |
| ∑ (State or country) | Where did injury occur? |
| 17. INFORMANT Thoughtul records: | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Not. Jim. Md. Date May 9, 1937 | Menner of injury |
| 19. UNDERTAKER Clayers Walker (futher) | 24. Wes disease or Injury in any wey related to occupation of deceased? 720 |
| 20. FILEO Marg., 1987 C. & Barnely | (Signed) M. O |

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| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| OIL LINE EAU V. S. J | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
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| Chronic interstitial nephrati- | APR. | 5 1937 | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BURE | AU V. | Jul 3. | y5,1927 | Peritonitis | 3 days ago |
| Other contributory cause | es of imports | ince: | Ma | y 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 03147 |
|---|--|
| 1. PLACE OF DEATH | |
| County Montgomery | Registration Dist. No. 217 |
| | No. Montgomery Co. Gen. 1805pt World f death occurred in a hospital or institution, give its NAME instead of street and number) |
| | s/_ds. How long in U.S.If of foreign birth?yrs'_mosds. |
| 2. FULL NAME Mrs. Trances witmen | |
| (a) Residence: No. 409 4 th 5t. Laurel, ma (Usual place of abode) | / St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Female 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH March (Month) (Day) (Yeer) |
| e, If married, widowed, or divorced | (Month) (Day) (Teel) |
| HUSBAND of (or) WIFE of Mr. Oscar P. Witner | 22. I HEREBY CERTIFY, That I attended deceased from |
| DATE OF BIRTH (month, day, and year) Dec. 26, 1908 | l lest saw h. & F. elive on Maney 1. 1957; deeth is said |
| AGE Yeers Months Days If LESS then | to have occurred on the dete stetad above, et |
| 28 2 16 1 dey,hrs. | I THE LYINGILYE CYOPE OF DEVILLE AND LEAGUED CROSES OF IMPORTANCE |
| 2 Trade profession or particular | were es follows: |
| SAWYER, BOOKKEPER, etc House Selection of the control of the co | Lyphon Leren. 3um |
| 9. Industry or business In which work wes dona, as SILK MILL, | - Section |
| SAW MILL, BANK, etc. | |
| 10. Date deceased fast worked at this occupation (month and yeer) — 7. D. J. 9. 3.7. occupation — 4.0. | |
| / | Other Contributory Causes of Importance: |
| 2. BIRTHPLACE (city or town) Aga easter | Intestino Promotion |
| (State or country) Pennu | 3/9/ |
| 13. NAME Eugene Wieland | - monganumles |
| 13. NAME Eugene Wielund 14. BIRTHPLACE (city or town) Laucaster (Steta or country) Penna | Neme of operation |
| (Steta of Country) | Whet test confirmed diagnosis? |
| 15. MAIOEN NAME Martha Lewis 16. BIRTHPLACE (city or town) Stukensown | 23. If deeth was due to externel couses (VIOLENCE) fill in elso the following: |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, sulcide, or homicide? |
| 7. INFORMANT 1705 p. Pecords - | Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR BEMOVAL | Manner of Injury |
| The resolved fidge Mensengio Il Moh 19/3; | Neture of injury |
| 19. UNDERTAKER & Hond Haiser | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Laurel Mrd. | If so, specify |

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Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | 11 | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis 1937 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUPEAU V. S | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| | | | | | | |

V. S. No. 1 N. B.- TION is very important. See instructions on back of certificate.

OCCUPA-

| STATE OF MARYLAND | CERTIFICATE OF DEATH 03/48 |
|---|--|
| 1. PLACE OF DEATH | - CA |
| County Mantainery | Registration Dist. No. 2 2 3 |
| Village or City 1 2 Kom b (R 3 rs. | bravaract gramius is Is in Sanatas CU ON |
| | death occurred in a hospital or logitution, give its NAME instead of street and number)\ |
| Length of residence in city or town whare daath occurredyrs,mos. | ds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME (V. John 170 bot 1000 | If U.S. Veteran specify WAR |
| (a) Residence: No. +1 10 10 th st- (Usual place of abode) | St., N. E. Ward. Ward. Warden D. C. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| More basite Marked = | Y Youch 12, 193 7 (Month) (Day) (Year) |
| 5a. If married, widowad, or divorced HUSBAND of | |
| (or) WHE OF CAVE COVER COOL | 22. I HEREBY CERTIFY, That I ettended decessed from |
| | |
| 6. DATE OF BIRTH (month, day, end yaar) Wy 6 1868 7. AGE Years Months Deys If LESS than | I last sew h alive on 3 \\ to heve occurred on the date stated above, at 7 2 m. |
| . I day hre | Tha PRINCIPAL CAUSE OF DEATH and related causes of importence |
| 6 23 ormin. | were as follows: |
| 8. Trade, profassion, or particuler kind of work dona, as SPINNER, SAWYER, BODKKEPER, etc. SAWYER, BODKKEPER, etc. | James & Barehal: 3:5-27 |
| SAWYER, BODKKEEPER, etc. LATA INAGO OF IES INAGO. | - From the bonary 27th to march 12th 1927 |
| work wes done, es SILK MILL TO TO TELD AND TOULOS. | Carlo Chi- |
| Rind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc La th image a LES may. 9. Industry or businass in which work wes done, es SILK MILL. SAW MILL, BANK, atc To the lime (yeers) 10. Date decessed last worked et this occupation (month and spant in this | |
| year) occupation | |
| 12. BIRTHPLACE (city or town) Dec 200 201 - | Other Contributory Causes of Importance: |
| (State or country) | - The state of the |
| I 13. NAME ON V. & ZMES Wood | |
| 14. BIRTHPLACE (city or town) 1306 by 13 www. Scotism | -Name of oparation Dete of |
| (State or country) | Whet test confirmad diegnosis? Was there an autopsy? |
| I 15. MAIDEN NAME FANET Allen - | 23. If death was due to external causes (VIDLENCE) fill in also the following: |
| 5 16. BIRTHPLACE (city or town) 1- 31 Kland - Scat land | Accident, suicide, or homicide? Date of Injury19 |
| State or country) | Where did injury occur? |
| 17. INFORMANT Worder Schriften Strain 122001 | (Specify city or town, county and State) |
| (Address) 1 alone Dave nd | |
| 18. BURIAL, CREMATION, DR. REMOVAL | Mannar of injury |
| Place March 121937. | Natura of injury |
| 19. UNDERTAKER V. D. Chambers Co | 24. Was disease or injury In eny way related to occupation of decaesed? |
| (Address) 400 Chapin St. M. W. | If so, spac(fy) |
| many Marches = Str 20 E Proces | (Signed) Julian m How E M.D. |
| 20. FILEDO LA COMPANIA (Registrar. | (Adress) 1309 R. Dane N. W |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis TERREDI | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage APR 5 1937 | July 5, 1927 | Peritonitis | 3 days ago |
| BURFAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |